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Evaluation Report on the 'Give Smokes the Flick' Resources

2011

North Coast Health Promotion

Prepared by Denise Hughes, Avigdor Zask

For further information please contact:
Denise Hughes
Health Promotion Research Officer
North Coast Health Promotion
Population Health – Northern, NSW Health
PO Box 498
LISMORE NSW 2480
Phone: (02) 6620 7585
Fax: (02) 6622 2151

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Abbreviations

CETI	NSW Clinical Education & Training Institute
ETS	Environmental Tobacco Smoke
NRT	Nicotine Replacement Therapy
NCAHS	North Coast Area Health Service
GSTF	Give Smokes the Flick, It Really Makes Cents resource package
HHM&B	Happy Healthy Mums and Bubs resource
GP	General Practitioner
PBS	Pharmaceutical Benefits Scheme
Yarndi	Marijuana mixed with tobacco
SMS	The transmission of short text messages to and from a mobile phone, fax machine and/or IP address

Executive Summary

Background and rationale

Smoking in pregnancy

Smoking contributes to and is the most preventable cause of poor health and early death among Aboriginal people, with tobacco use among pregnant Aboriginal women disproportionately high.[1] Australian tobacco control efforts have, over the past decade, made a significant impact on reducing mainstream smoking rates.[2] However, Aboriginal rates have remained resistant to change.[2] There is evidence that cultural differences should be considered when planning interventions.[2]

The harm caused by tobacco smoking during pregnancy is well established.[3, 4] Smoking cessation during pregnancy leads to better health outcomes for mothers and babies in the short and long-term.[5] Apart from the health risks, smoking in pregnancy is an economic burden for health services as well as the mother/family. Money spent on tobacco reduces the funds available to purchase essentials such as food, clothing and accommodation.

People who use nicotine replacement and/or pharmacotherapy are more likely to successfully quit.[6]

The Give Smokes the Flick project

Two resources were developed to address the issue of Aboriginal women smoking during pregnancy by a partnership of North Coast Health Promotion and Mid North & Far North Coast Communities & Early Years Division, Agency of Community Services (formerly known as the Department of Community Services, DoCS), Child & Family Health, Aboriginal Maternal Infant Health, Aboriginal Medical Services, and Early Childhood & Family Support Services.

"Give Smokes the Flick it really makes cents" (GSTF) is a package that highlights the economic cost of smoking to motivate Aboriginal pregnant women to reduce and/or quit smoking. It contains play money, NRT samples and photo cards which illustrate what can be bought with money saved.

"Happy Healthy Mums and Bubs" (*HHM&B*) highlights the effect of smoking on babies' health during and after pregnancy. Pictures of local Aboriginal families are included in the booklets and culturally appropriate language is used.

Seven training workshops on how to use the resources were attended by 102 workers across the North Coast. Workshops were open to workers from NSW Health and other

organisations whose clients were predominantly Aboriginal pregnant women. The *HealthSmart Nicotine Replacement Therapy*[7] and *Bernard's Choice*[8] DVDs were used in the training and implementation of this project.

The Centre for Health Advancement, NSW Health, provided funding to evaluate both the training process and resource effectiveness. North Coast Health Promotion was responsible for coordinating the evaluation process.

Methods

Qualitative and quantitative research methodologies were used regarding the training. Qualitative research methodologies were used to determine what were clients' and workers' opinions regarding the resources effectiveness. Both clients and workers were interviewed either face to face or by phone using semi structured interview protocols.

Results

Training evaluation

Thirty four worker surveys regarding the training were received.

Most workers were happy with the training and reported that they felt confident to use the resources. Some requested more training on Nicotine Replacement Therapy (NRT) and role playing.

Resource effectiveness and feedback

Fifteen workers and ten clients were interviewed in depth regarding the resources. Of the two resources, only the *GSTF* resource was regarded by clients and workers as effective and it was reported that the economic focus motivated clients and workers to change their smoking behaviours. The main behaviour change reported was reducing the number of cigarettes smoked with two people reporting quitting. Clients and workers reported that both resources were culturally appropriate.

Both clients and workers did not know much about NRT prior to the training. They reported that including sample NRT products educated them about their options, allowed them to try without financial obligation, and motivated them to purchase their own after testing the products.

A number of respondents said that they shared information regarding saving money from reducing or quitting smoking and NRT availability with people they know. This triggered a strong response and the information was travelling through their social network and local Aboriginal communities.

Some clients reported that more ongoing flexible support, such as a website, SMS motivational messages and peer support along Alcoholics Anonymous (AA) lines, would help them quit.

Relating empirical data to the stages of change model.[9, 10]

Some clients' evaluations indicated they moved from the pre-contemplation stage, through contemplation to action in the stages of change (transtheoretical) model of behaviour change i.e. they reduced the number of cigarettes they smoked to minimise financial impact.

Workers' willingness to use the resources

Most workers were comfortable using the resources. However, a small number of workers expressed reluctance to confront smokers with information about the health consequences of smoking, and one expressed reluctance to discuss NRT as it might be upsetting to some clients.

Discussion

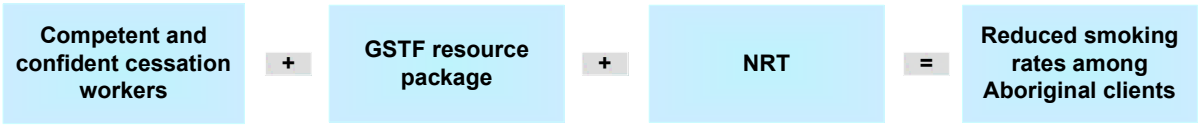
Of the two printed resources, only the *GSTF* made a noticeable impact on people's motivation and behaviours. Focus on the economic cost of smoking combined with providing samples of all NRT products resulted in a number of clients and workers reducing their smoking and two quit. We therefore recommend that *GSTF* be incorporated into tobacco programs targeting Aboriginal people.

It became evident that people other than pregnant women were using the resource, in particular the play money is being used as a positive reinforcement of their reasons to quit by carrying it in their wallets or displaying it in prominent locations. It also became apparent that *GSTF* had a 'ripple effect' in the community through the client worker relationship and through social networks and the local community.

Respondents suggested that the focus on economic costs of smoking can be applied to other health behaviours like cannabis and alcohol use. This reflects strong effect that social determinants like poverty and disadvantage have on these behaviours and indicates that work to address these social determinants may be more effective than focussing on separate unhealthy behaviours.

The study has identified major skills gaps when providing cessation services to Aboriginal clients. To reduce smoking rates, ongoing workforce development in providing smoking cessation is required to have a confident and competent cessation workforce.

In conclusion, the most effective way to deliver *GSTF* requires three components: *GSTF* resources, NRT sample distribution and on-going follow-up by confident and competent cessation workers as described in the diagram below.



Recommendations

We therefore recommend that *GSTF* be incorporated into tobacco programs targeting Aboriginal people.

Project and resource improvements

1. Provide Aboriginal clients with samples of all NRT products when discussing smoking cessation.
2. Compile an instructional DVD on how to use the financial approach and using NRT to quit. This DVD would be included in the resource.
3. The *GSTF* resource package should include:
    - 3.1. Play money for the clients to illustrate savings that can be made.
    - 3.2. Play money for clients for them to keep in prominent place as a reminder of savings.
    - 3.3. NRT samples to show clients.
    - 3.4. NRT samples for clients to take away and try.
    - 3.5. Modified photo cards.
    - 3.6. Calculator.
    - 3.7. *HealthSmart NRT* DVD.
    - 3.8. *Bernard's Choice* DVD.
    - 3.9. Remove the story book because it does not appear to contribute to the resources effectiveness.
4. Photo cards are to be modified and made larger. Exclude cards with items that people already have e.g. TVs, and replace with cards showing fruit and vegetables, car registrations, insurance, fuel.
5. Add a small calculator to the resource to assist in calculations of how much is spent on cigarettes per week. (Possibly funded by NRT suppliers and shaped like an NRT product).

Workforce development

6. Build the capacity of workers who use the resource to provide ongoing cessation brief intervention.

    6.1. Provide training in and practice of motivational interviewing and other interpersonal/ counselling skills related to smoking cessation under mentoring/ supervision.

    6.2. Incorporate the creative ideas raised in this study regarding implementation of the resource into the resource training e.g. clients carrying play money in their wallets or displaying it in prominent locations to reinforce their reasons to quit.

Further research and development

7. Conduct follow up research with clients and workers in October 2011 to assess whether changes in smoking behaviour have been sustained.

8. Disseminate best practice guidelines for smoking cessation in pregnancy to local General Practitioners via the local General Practice Networks.

9. Funding to be sought to research and pilot the use of social network/viral dissemination regarding smoking cessation in Aboriginal communities.

10. Pilot and evaluate a social media strategy for example *Facebook* to provide customised and interactive support and information to Aboriginal people who are quitting. Note currently health workers cannot access *Facebook* on work computers.

11. Test *GSTF* on low SES groups. The economic approach to reducing addiction could also be tested for alcohol and yarndi (marihuana and tobacco).

Background

Smoking in pregnancy and in Aboriginal communities

Smoking contributes to and is the most preventable cause of poor health and early death among Aboriginal people, with tobacco use among pregnant Aboriginal women disproportionately high.[1]

The harm caused by tobacco smoking during pregnancy is well established including:

- Increased incidence of threatened and spontaneous miscarriage.[3]
- Higher proportion of premature births (defined as birth before 37 weeks of gestation).[4]
- Higher rates of low birth weight babies (generally defined as birth weight of less than 2500 grams).[4]
- Greater risk of perinatal mortality (perinatal is the period from 20 weeks gestation in the pregnancy to 28 completed days after the baby's birth).[4]
- Greater risk of Sudden Infant Death Syndrome (SIDS). The effect increases with higher levels of smoking.[4]

The proportions of premature births, low birth weight and perinatal mortality rates are higher for Aboriginal women who smoke during pregnancy compared to non-Aboriginal women.[4]

Apart from the health risks, smoking in pregnancy is an economic burden for health services as well as for the mother/family. Money spent on tobacco reduces the funds available to purchase essentials such as food, clothing and accommodation as well as less harmful forms of leisure and recreation. Households that smoke are three times more likely to experience severe financial stress and report going without meals and being unable to heat the home.[11] Health cost differences exist between babies born to women who reported smoking during pregnancy and women who reported never smoking or being ex-smokers over the first five years of babies' lives.[12]

Two out of three Aboriginal children live in a household with at least one regular smoker and one in four children live in a household in which at least one resident regularly smokes indoors.[1] According to a US study second hand smoke is not only related to respiratory issues in children, toddlers are at risk of vascular harm likely to lead to later heart disease if they are exposed to second hand tobacco smoke. This is evident particularly for the very young and those children who are obese.[13]

Australian tobacco control efforts have over the past decade, made a significant impact on reducing mainstream smoking rates.[2] However, Aboriginal rates have remained resistant to

change.[2] Evidence states that cultural differences must be considered when planning interventions, a one size fits all approach are not successful.[2] A study by Johnson & Thomas identified family health and wellbeing as the main motivator for quit attempts in Aboriginal communities.[14] The study highlights the importance of attending to social and cultural contexts when designing tobacco control projects for Aboriginal communities and notes the importance of Aboriginal workers in education and the delivery of tobacco programs and in offering support when quitting.[2, 14]

The National Aboriginal & Torres Strait Islander Tobacco Control Project, *Tobacco Time for Action* report identifies that tobacco programs must be holistic as Aboriginal people's view of health takes in not only the physical wellbeing of the individual, but also the social, emotional and cultural wellbeing of the community.[15] The Cancer Council also recognises this and put forward harm limiting strategies in the hope that individuals may be willing to change their behaviour in ways that can limit harm both to themselves and others.[11] Cutting down with NRT support can increase the numbers of smokers who go on to stop.[6] Economic incentives/contingency based rewards have been found to be successful as an intervention to reduce varied substance abuse.[16]

Stopping smoking at any stage during pregnancy will benefit both mother and baby.[5] Smoking cessation during pregnancy has been shown to improve birth outcomes. It leads to better health outcomes for mothers and babies in the short and long-term. Consequently, addressing smoking in pregnancy, particularly Aboriginal pregnancies, is a NSW Health priority.[5]

In July 2009, Mid North and Far North Coast Communities and Early Years Division, Agency of Community Services (formerly known as the Department of Community Services, DoCS) and North Coast Health Promotion, through its Health Equity work, established a partnership to address the issue of Aboriginal women smoking during pregnancy. A working group was established consisting of representation from a broad range of Government and non Government services including Child & Family Health, Health Promotion, Aboriginal Maternal Infant Health, Aboriginal Medical Services, Early Childhood and Family Support Services. The aims of the Working Group were to develop:

- A culturally appropriate, family themed based resource – visual, containing short messages, and using a narrative style that helps initiate discussion between the health worker and client on individual tobacco use;
- An innovative and realistic resource that starts clients thinking about cutting back as a first step towards quitting long term;
- Resources based on health determinants rather than health risk; and
- Resources that would support smoking cessation & brief intervention programs such as the NSW Health SmokeCheck 4 Step Guide and complement the booklets used within the SmokeCheck program.[17]

Consultations with and by this group resulted in the development of two resources; "*Give Smokes the Flick it Really Makes Cents*" (*GSTF*) and "*Happy Health Mums and Bubs*" (*HHM&B*). Both resources are based on the social impact of smoking on behaviour and lifestyle. The *GSTF* resource focuses on the economic impact of smoking. The *HHM&B* has a strong health message. Both resources have been designed to support clients/patients to cut back or give up cigarette smoking, with the support of Nicotine Replacement Therapy (NRT) and are interactive, user friendly, yarning tools.

The Resources

Give Smokes the Flick

"***Give Smokes the Flick it really makes cents***" is a package that targets the economic cost of smoking. The package consists of:

- A story book
- Play money
- Photo cards which illustrate what can be bought with money saved by quitting
- Samples of Nicotine Replacement Therapy (NRT)

The economic resource shows pregnant clients who smoke, how cessation or even some reduction of their tobacco consumption can save money and how these savings can be spent on themselves or their family members for items such as food, sporting events and goods such as a car, registration, and home entertainment. The story book uses an approximate cost of a packet of cigarettes and looks at what could be purchased with the money that a person saves if they cut back or gave up smoking over a week, a month, or a year. The photo cards and play money allow the client to get a more realistic understanding of what is achievable and supports discussion between the worker and client on tobacco related issues. The NRT samples encourage discussion of quitting strategies and NRTs role in quitting.

Two additional DVDs *HealthSmart Nicotine Replacement Therapy*[7] and *Bernard's Choice*[8], were included in the package to support the development of workers' skills and interactions with clients around NRT. The *'Health Smart NRT'* DVD is a 13 minute DVD explaining nicotine dependence, treatment, how to use NRT products correctly, and other useful information about problem solving and the quitting process. *'Bernard's Choice'* DVD is aimed at health workers working with Aboriginal and Torres Strait Islander people. It shows two scenarios, the first one is of a health worker using a health advice approach and telling Bernard he needs to give up smoking. In the second scenario, a motivational interviewing approach is used to help Bernard explore his doubts about smoking and he talks about his reasons for concern and his own arguments for change.

Happy Healthy Mums and Bubs Resource

"Happy Healthy Mums and Bubs" focuses on the effect of smoking on babies' and women's health during and after pregnancy. Pictures of local Aboriginal families are included in the booklets and culturally appropriate language, used throughout the booklets, helps clients to connect with the messages. Two booklets have

been printed, specific for either Far North Coast or Mid North Coast, with photographs of local families in each. The yarning format of the resource helps to initiate and maintain discussion.

What did we do next?

The next phase of the project included:

- Training workers & disseminating resources
- Developing and implementing an evaluation strategy to review the effectiveness of:
    - the training process
    - the resources

Worker training & resource distribution

After the production of the resources, the next step was to disseminate them. Training days on resource use were planned as part of the intervention strategy. This was done to optimise the resources' use as yarning tools and to ensure evidence based up to date advice on nicotine replacement therapy (NRT) was provided.

Training workshops were conducted across the North Coast by Health Promotion staff. Seven workshops were conducted with 102 workers trained in resource use. Workshops were open to workers from NSW health and other organisations whose clients were predominantly Aboriginal pregnant women. This included, but was not limited to, Aboriginal health workers, Aboriginal maternal infant health workers (AMIHS), Aboriginal Medical Service staff and Agency of Community Services Family Support Workers. (See Appendix 1) All resources were allocated to workers once they attended the workshop with guidelines on how to use them (Appendix 2).

The Evaluation Process

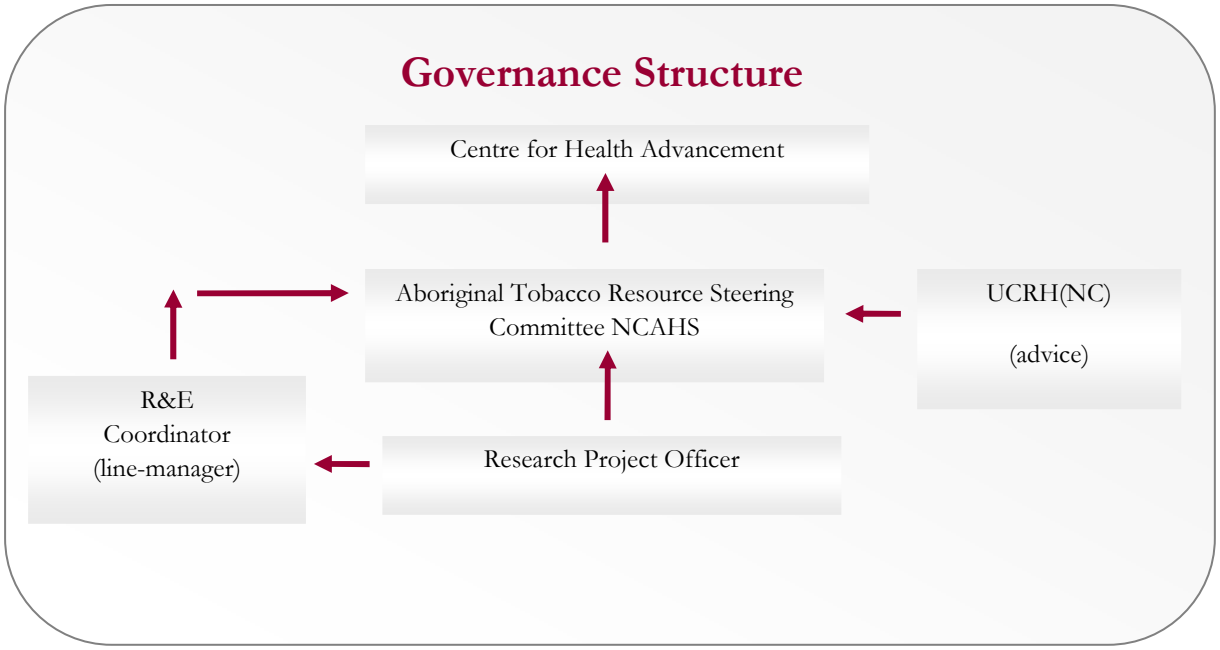
Financial support provided by the Centre for Health Advancement made it possible to evaluate both the training process and resource effectiveness. The lead researcher has undertaken this evaluation as part of her Clinical Education & Training Institute NSW (CETI) research scholarship and was allocated a mentor. North Coast Health Promotion was responsible for coordinating the evaluation process. Project governance was established to provide advice and support to the evaluation process. A project steering committee was established with the following membership:

- Coordinator Capacity Building Program (chair);
- Director Health Promotion (contact with NSW Health);
- Research & Evaluation/Project Officer (Research lead);
- Coordinator Capacity Building (Aboriginal Health advisor); and
- Aboriginal Health Promotion Officer (Aboriginal Health advisor).

The Director Health Promotion provided the link between North Coast Health Promotion and the Centre for Health Advancement and provided regular updates to the Manager, Statewide Major Projects Branch, Centre for Health Advancement, following key project milestones.

Collaborating organisations included:

- University Centre of Rural Health North Coast (UCRH); and
- Mid North and Far North Coast Communities, Early Years Division, Agency of Community Services.



Aims of the research and evaluation process

The aims of the research and evaluation process were to evaluate:

- The impact of the two resources on smoking habits and smoking related behaviours of Aboriginal women and their partners during pregnancy.
- The impact of the two resources on smoking habits and smoking related behaviours of Aboriginal workers.
- The effectiveness of the training process so as to improve quality of delivery.
- Clients' and workers' opinions on design and cultural appropriateness of all resources.

Target Groups for the evaluation process included:

- Aboriginal pregnant women who smoke and their partners.
- Aboriginal families, particularly with young children.

- Aboriginal workers.
- Non Aboriginal workers who work with Aboriginal pregnant women.

Research questions

Qualitative research methodologies were used to determine:

Regarding both local resources:

- What were clients' and workers' impressions and opinions regarding resources' layout and cultural appropriateness?

Regarding Give Smokes the Flick it Really Makes Cents Resource:

- What impact did the economic focus have on clients' and workers' smoking habits?
- Does the inclusion of NRT product sampling increase the chances of clients' and workers' uptake of NRT and quitting?
- Usefulness of the *HealthSmart NRT* and *Bernard's Choice* DVDs.

Regarding Happy Healthy Mums and Bubs Resource:

- Does the focus on tobacco and babies' health have an impact on women's smoking habits during and after pregnancy?
- Does the focus on tobacco and babies' health have an impact on the women's environment in terms of household and car ETS exposure?

Both Qualitative and Quantitative research methodologies were used to evaluate the training.

Regarding Training:

- Workers' assessment of the training including:
    - Satisfaction of training

Research methodology

- Qualitative research methodology was primarily used to elicit in-depth information regarding the main research questions. Clients, community and health workers were interviewed one on one or in small groups using semi-structured interview protocols. (see Appendices 3 & 4)
- All workers were requested to complete a survey one to two months post training. The survey collected data from workers regarding their:
    - Assessment of the training,
    - Use of resources,
    - Resources' effectiveness and;
    - Workers' opinion of client response to resources. (see Appendix 5)

Ethics approval for the *GSTF* and the *HHM&B* evaluation was obtained from North Coast Area Health Service (NCAHS) Human Research Ethics Committee (HREC) (Approval No. 485N) and the Aboriginal Health & Medical Research Council (AH&MRC) (Approval No. 722/10). (See Appendices 6 & 7)

The participants

One hundred and two workers participated in the training workshops.

The types of clients workers had used the resource with included:

- Pregnant Aboriginal and non Aboriginal women
- Aboriginal and non Aboriginal couples
- Non pregnant Aboriginal and non Aboriginal women
- Teenage clients
- Work colleague & friends
- Playgroup participants
- Dads
- Mothers
- Women's Refuge clients
- Heavy smokers

The types of clients who workers gave the *HHM&B* resource to included pregnant women and women with young babies.

Data collection

Data was collected on the effectiveness of both the training sessions and the resources.

Collecting workers' feedback on training workshops

A prerequisite of attending the training sessions was consent to participate in the evaluation process. On enrolment to the workshops, participants were asked to sign a consent form agreeing to complete a survey on training and resource effectiveness. The survey contained Likert scales as well as open ended questions.

At the training sessions, participants were asked to complete an attendance sheet which provided contact details and identified smoking status.

Emails were sent out to all participants asking them to fill in a survey regarding their opinions on the training process. It was decided to allow a 4-6 week break between the training and the workshop evaluation and use the follow up contact to remind workers to

complete the survey, use the resources (if they haven't already done so), and check on and restock NRT samples.

Collecting information on smoking status and resource use – worker focus

All workshop participants were contacted again by telephone, approximately six months after the initial survey and asked to participate in a face to face interview on resource use. The workers who were identified as smokers at the training were asked additional questions about their current smoking status. To encourage workers to participate in the interview process, free top up NRT samples were offered as an incentive. The aim was to interview between 6-10 workers. Fifteen workers who participated in the workshop agreed to be interviewed. One worker was interviewed by telephone.

Collecting information on smoking status and resource use – client focus

The next step was to collect information from Aboriginal women, who were pregnant when seeing the resource, on the appropriateness and effectiveness of both resources. It was intended to interview 20 clients; five in each of the four Area Health Service's Network areas (Tweed, Richmond, Coffs/Clarence and Hastings Macleay Networks). However following difficulties recruiting, all 10 clients who were interviewed were from the two southern networks.

Workers were asked to recruit clients for interview purposes. As an incentive, $50 food vouchers from Woolworths supermarkets were offered to clients who completed the interviews.

Clients were interviewed for 30-60 minutes at a location that was convenient to them. Eight clients were interviewed one to two weeks after seeing the resources, with two clients been interviewed about 6 months after seeing the resource. Some interviews were conducted over the phone (3) and while most clients were interviewed individually, two younger clients felt more comfortable being interviewed together. Another client had seen the resource with her partner so both participated in the interview. The clients were asked questions about the resources regarding content, layout, cultural appropriateness and about the impact if any on smoking status.

The key contact person for the surveys and interview process was the research lead (Health Promotion Research Officer). All interviews for both workers and clients were recorded on a digital recorder and transcribed by the research lead. These files were kept in a password protected folder and all transcripts were deidentified.

Results

Sample

A third of the 102 workers who attended training provided feedback on the effectiveness of the training.

Ten clients were interviewed, nine females and one male. Clients were either Aboriginal people or non Aboriginal people living with Aboriginal partners. Half of the clients were under 25 years of age. See table below:

Ages of client group

Age group	≤20YO	21-25YO	26-30 YO	31-35 YO	36-40 YO	41-45 YO
n respondents	2	3	1	2	1	1

Effectiveness of the training process

Satisfaction of training

- The majority of respondents (33) felt that the training and its various session components were delivered in an effective to extremely effective manner.
- The majority of respondents (32) felt confident in their ability to deliver the resources to clients appropriately and effectively. When asked 'What makes you feel confident/not confident to deliver the resource?' The most common reason cited was that the resource was user friendly, clear and simple to use (13 respondents, open ended question).
- The majority of respondents (32) felt that the *GSTF* and the *HHM&B* resource (24) would be effective when using with clients, with 15 respondents having used the *GSTF* resource with clients other than Aboriginal pregnant women who smoke.
- When asked what they remembered the most about the resources, the most common responses were the cost saving nature of giving up (7) and the visual effect of the money (5) (open ended question).

"Great training thank you! I have used the kit at my parenting groups and it worked wonders. My girls/mums all stayed in for the parent talk using the NRT. Thank you" – Worker

"Thank you very much it has been very beneficial for me and client/friends/family" – Worker

"It's been great attending workshops as it promotes quit smoking and positive message about quitting and how to help is great" – Worker

Evaluation of the Give Smokes the Flick Resource

Impact on smoking status of both clients and workers

Most of the workers interviewed (9) were currently non smokers. Only one (non-Aboriginal) worker out of the six smoking workers had given up smoking soon after seeing the resources. Another worker reported reducing the amount she smoked without using NRT. The worker who quit tried the gum, patches and lozenges from the kit and settled on using the gum and purchased them herself. She has not had a cigarette again since quitting. The worker who reduced commented that she reduced the number of cigarettes by about 5-6 per day.

Another worker reported that the *"Resource prompted me to have another go on Champix"*. She told the researcher she commenced smoking again after a stressful family event.

Four workers stated that they saw themselves quitting and expressed a desire to use NRT however none of them would commit to quitting in the next 30 to 90 days. According to evidence, it is therefore unlikely they will successfully quit. This may reflect a documented gap in knowledge and skills for clients and workers which prevents optimal preparation and reduces the likely hood of quitting.[18] One stated she has not quit but was impacted by the resource. "H*aving that more information and the resource… I never thought of it as that much money I'm spending until I saw that you know, it sort of clicked to me too… so it was a good visual for me to see…how much money I could be saving."* This quote demonstrates the resource effect in terms of shifting along the stages of change model,[9, 10] i.e. the worker is reporting that she has moved from the pre-contemplation to the contemplation stage due to the insight regarding the cost of smoking.

Within three weeks of seeing the resource and being given samples of NRT, one client had quit smoking using microtabs and has remained smoke free with the exception of a little slip up of having a cigarette every couple of days during a particularly stressful time, but at the time of the interview was not smoking.

Seven other clients had reported that they have cut down as a result of seeing the resource with two others planning on starting NRT this week to reduce/quit smoking. As with the workers, the resource seems to have shifted clients along the stages of change in Prochaska et al's model [9, 10]. The movement from pre-contemplation, through contemplation to action has resulted by clients reducing the number of cigarettes they smoke to minimise financial impact.

"My cousin was here… yeah we actually tried to do it together, we were both pregnant… we both did cut down quite a bit…we got down to a couple of cigarettes a day." – Client

"I think it really hit me when I seen how much money I was actually spending, because there's a lot of things you could buy with that much money… it was good just to make me think of how much I was actually spending to see it in front of me, like because it's different when you're talking about it she could say 'oh you're spending a thousand dollars a year' but when she laid the money out…the fake notes it just makes you think 'oh yeah I could buy a lot of things with that…it sort of pushed me to want to slow down a little bit, cut it down a little, you know sort of how much I've been spending that much." – Client

One client has made an appointment with her GP to arrange NRT to help her quit, this was the first time she'd really been shown or talked to about NRT.

"No that's why I wanted to try … I've got a doctor's appointment this Wednesday...so I'm going to talk to him about it and I'm going to go from there because I really want to try and you know do something" – Client

Resource effectiveness

The majority of interviewed workers (8) found the resource very effective with one worker commenting that it was "*more effective than other quit smoking resources".* Four workers were unsure regarding the effectiveness of the resource as they had not discussed it with their clients. Six workers commented that the effectiveness came from the impact of clients realising how much money they had been spending, which can at times be quite emotional for the clients, as they had never considered the cost of their habit to themselves and their families.

"I think again, based on the message of cost, money talks you know… so they can see long term benefits just for financial for their families" – Worker

"I think it's good because it gives people food for thought" – Worker

Education about NRT and having NRT samples available greatly increased the resource's effectiveness. One worker stated that she thought it was "*brilliant and that she has had success with her clients using it."*

What were clients' and workers' impressions and opinions regarding the resource's layout and cultural appropriateness?

Workers thought the resource was a good package that was easy to implement. It was simple and used an approach different to other resources by emphasising the financial aspects in a playful, but factual manner. Comments received from workers suggested that clients were more motivated to quit or at least cut down the amount of cigarettes they were smoking once they saw the resource.

"Some of this stuff can get real, you know, it's a, very overloading where this was sort of quite simple and basic and it… you know straight to the point" - Worker

"No I just think it's a brilliant program, a brilliant resource for any worker to have um to encourage people to give up smoking…Indeed, yeah look it's free and I just love it and I love the, the fact that it works" - Worker

"I've found that it's a really good resource and like I've said it's the approach is so much better than all the others, I've found that it's a lot like I said it breaks the walls down straight away instead of putting those walls straight up so…anything that gets everyone healthy isn't a bad thing" - Worker

"Not really it was pretty good…very to the point and direct…I liked the way it is now so I wouldn't change it" – Worker

"I thought it was good and as I said very visible and I think the calculation of the money…I thought that was really good because you could actually see…if I didn't use this much of a packet I could save this much…I thought it was very well put together and simple" – Worker

All workers thought the resource was culturally appropriate when used with Aboriginal clients. Some reasons given were that it is visual without being derogatory and 'dumbed down'.

"It's plain and simple and it's visual the main thing I know…when we tell our stories it's more visual so…"– Worker

Others commented that they thought the language was appropriate and they liked that, one worker picked up that the tri colours had been used on the photo cards but that it was good that the designers had not gone over the top with Aboriginal designs.

Four workers also commented that they thought the resource was very appropriate for all cultures and that it was good for a multicultural community. Two workers found it hard to answer as they were not Aboriginal and felt it inappropriate for them to comment.

The majority of clients interviewed (7) felt the resource was culturally appropriate. Three clients commented that they did not see the need for culturally appropriate tobacco resources.

When asked to rate the cultural appropriateness of the resource (0 being not at all culturally appropriate and 10 being extremely culturally appropriate):

- Three clients rated it as a five
- Two clients rated it as an eight
- Two clients rated it as a ten
- Three made only qualitative comments such as *"everyone could benefit from this resource".*

"White or black sort of thing it doesn't really matter, smoking don't discriminate who it kills and all that. Everyone can benefit" – Client

What impact did the economic focus have on the smoking habits of clients' and workers'?

All the workers felt the overall response from clients was positive. Clients seemed interested and were amazed at how much money their habit was costing them. Actually having the play money there as representation of the savings that could be made was a huge motivator for a lot of them and at times made them quite emotional and elicited feelings of guilt for the money they have wasted on their addiction. Where the clients were employed a worker noted that it was not as much a motivator, because clients said they could afford their addiction. When it was shown to fellow workers they pretty much mirrored the clients in their reactions with some finding it a motivator and others continuing to smoke. The comments below are from workers:

> *"Surprise at the cost saving and… I think the visual…those cigarettes equal all those vegetables or fruit or that kind of thing you know…the shock and dismay…and sometimes shame I suppose in some ways that all of these things could have been purchased had they not have done that, you know?"* – Worker

> *"Absolutely and I find the money is just brilliant… I give them the money for the amount of money that they're spending on smokes a week. Sometimes I find that it is confronting because you know when they sit down and they work out how much a packet of smokes is, how many packets they're actually buying a week and you know… even if it's a smaller amount and they're living on a very limited budget it still can be you know quite a lot of money in comparison to what they have got… well I give them the money… and I say you cannot use this money for anything else other than you spend it on yourself... something that you personally want you know just for yourself …I find that really positive and you know this spurs people on to you know want the resources and things like that."* – Worker

> *"I quit ten years ago using patches and still put the weekly amount I use to spend on cigarettes in an account which I draw out and use every Christmas. It has and still remains a big motivator for me to stay off the smokes. So I know this works"* – Worker

> *"I think the strengths of the flipchart is really that it is just very convincing I mean you know there's no umming and ahing there's no discussion, it is very convincing … our patients are all on some form of disability pension or…Centrelink payment, so they don't have masses of money …financial pressure is everywhere so that was a very, very strong argument for our patients… I would like to say that initially a bit of 'oh' you know 'what do you want' or 'we have to do that' or 'I just want to go out of here and smoke again' but then they were very engaging"* - Worker

One respondent's wish to smoke was stronger than the impact of the cost so she has continued to smoke.

> *"Yeah it's good but doesn't make any impact on me the money doesn't sort of come into it for me, I just want to smoke."* - Worker

Clients appreciated the resource because it was a new way of getting the message across. It worked on the financial and NRT aspects rather than talking about health messages that they are aware of and used to.

The clients appear to have never been fully aware how much their tobacco habit is actually costing them and have been very motivated to change so that they can provide their families and themselves with more financial resources, and improve their quality of life. Two workers commented that some of their clients appeared to be quite ashamed by how much they have spent on cigarettes and are now very proud of themselves for being able to reward their families and themselves with the money saved. Some comments are below:

> *"How much money it's costing us…it worked out, I think it was about $800 a month or something like that…the last couple of weeks we've been going out you know on our pay days and instead of buying smokes you know we're going and buying, oh we bought lamps and you know things for around the house and all that. Where we couldn't do it before…it would cost me nearly $100 a week just to smoke but now I'm down to about $30 so that's a major improvement (sounding very proud of himself)"* – Client

> *"Was a bit of a wake up so yeah it's a lot of money"* – Client

> *"Well like when [worker named] was saying 'oh do you want to see it?' I was like 'oh yeah ok I suppose so' like when, I wasn't really thinking it would do anything like a piece of paper and stuff but then when she was showing me every little thing like the cards and the money you just, I was like shit, that's a lot of money so I was like you know we can do that… the only other thing I've really seen is like information on giving up and you don't really take that into consideration really when you … it doesn't show you how much and what you can buy …I thought it was good"* - Client

Homeless teenagers were reportedly shocked at how much money their smoking was costing them and could see what they could buy with the money. Unfortunately, they also brought up the fact that without free or heavily subsidised NRT they were unable to quit using NRT. They told the worker that it was easier to 'scab' a cigarette then 'scab' some NRT.

> *"One of the things that it was funny that the clients brought up was is that you can scab a cigarette though you are not going to go and scab a NRT from somebody yep so I suppose how easily available cigarettes are to them um rather than the NRT."* – Worker

Barriers to using the resource

Workers who smoke

Being a worker and a smoker is a difficult situation to be in, since workers are aware that their clients' lives and health could be greatly improved if they were to quit smoking. Smoking workers sometimes felt conflicted between their role as a health worker and self identity as a smoker as demonstrated by the following quote.

> *"Surprised myself by making lots of phone calls around the town looking for free products, that was surprising me I was thinking 'God you're a smoker why are you, what's happening you're hassling out the clients to give up smoking, you're running around looking for free nicotine replacement' …I wouldn't see that as something that is my job to do but I had the resource and if they showed a sniff of an interest…I tried my hardest to get*

them free stuff … but I was surprised at my own self trying to find, push something that I'm actually doing myself…not really pushing but assisting" - Worker

Another worker said that since she works in the community in which she lives and she is known as a smoker, she does not feel comfortable to promote a quit smoking resource and therefore left the use of the resource to the midwife she works with. However, she said she would give people information and use the resource if they asked for it.

"I think my barrier is because I'm a smoker and um, I don't want to seem to be preaching to other women that smoke because they know I am a smoker"- Worker

Prioritisation of discussing smoking

Time: Five midwives stated that they did not have sufficient time to go through the resource with their clients when there were so many other pressing things to address within the short appointment time. It was interesting to note that two other midwives who were interviewed found the time to use the resource with their clients and regarded the resource positively. Obviously, these midwives have organised their time differently and saw smoking in pregnancy as an important enough issue and fitted the use of the resource into their schedule.

"When I see clients often…you just have a brief moment…I think it's a lovely resource but it's sort of more where you've got say twenty minutes you could spend with somebody to talk about smoking."- Worker

In a discussion on the phone with one Aboriginal worker she said that she doesn't get time to actually show the full resource but she has to transport the clients and it's then while they are a captive audience that she talks about the money and NRT.

Clinical priorities: Workers also stated that they wanted to retain pregnant patients and did not want to scare patients off by harping on about their smoking habits.

Other priorities in clients' lives: One other worker was working with Aboriginal women in total crisis who are there to organise abortions. Their nicotine addiction was a very low priority when housing, domestic violence, and the abortion process are all more pressing problems.

Negative perceptions of the resource

Three workers brought up concerns about the resource seeming too childish and the fact that it might belittle the client, they talked of feeling uneasy about using it with some clients. Whilst they think it is very effective for the right people they say they need to pick their target.

"The only thing that worries me is that for some people it might be a little bit belittling, you know like…a little bit too childlike…I sort of hesitate sometimes and think oh what are they going to think about it…that sort of thing. But that's just the type of resource it is, I think you just pick which people it's going to be good for and perhaps avoid it with some other people…I think it's very effective for the right people" - Worker

One client admitted to initially thinking the resource was a bit silly but when she got into it thought it was really good. The resource had an immediate impact with the client reducing her cigarette intake and treating herself and her son with the money saved.

> *"At first I thought it was just a bit silly but then when you get to the bigger amounts it's like 'whoa…. That's wow'…'Cause I think to myself through the week 'well if I have one less smoke now that's one less closer to the end of the week and when we're normally would be broke I'll have money to spend on… whatever. It's nice to be able to bring home and say 'look I'm smoking less so we can get this"* - Client

Using the resource for people outside the core target group

One worker reported using the resource with a client's brother.

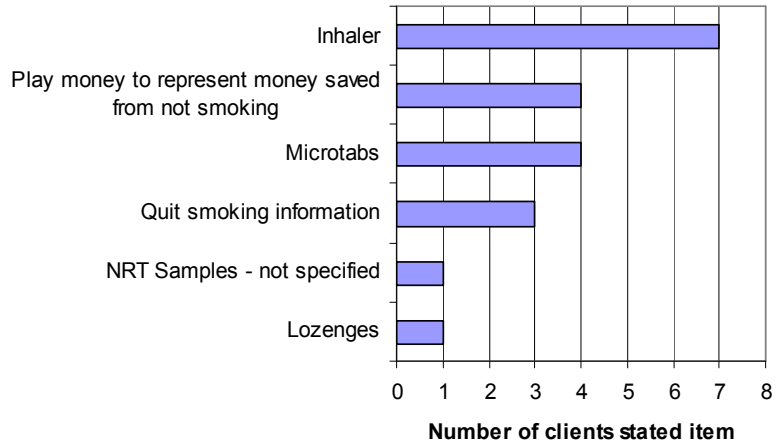
> *"I find that…the resources are just great … and the thing is I had [client named] …her brother came up to me and he said 'I really, really, really want to give up smoking' so I went through the kit with him…I said how much do you spend a week… it was one hundred dollars a week, and I said 'so what are you going to do with…the money that you are going to save? Because the rule is you can't spend it on anyone or anything other than yourself? And he says… 'I might…get clothes' and I said 'there's no might about it, if you give it up that's' and so I gave him the hundred bucks (play money) and he loaded it into his wallet and I said every time you open your wallet it's a constant reminder of how much you could save…every week… and he said 'I just want to give up'… he come in the last three lessons…to support his sister … and the thing…is because I'm constantly you know 'how's the smoking going', 'oh we're cutting down' or whatever… after they'd graduated… he said 'I'd really, really, really like to give up smoking…I can't afford the NRTs…but I'd really, really like to try that pipe that you speak about'…so I gave him a pipe and a strip of subliminal tablets…that's what I'm saying if I didn't have the resources I couldn't do it… to actually say 'try this, try this yeah"* - Worker

Goods and information received from workers:

Many workers had given out free samples of NRT products to clients so that they could try before they buy. The intention at the start was to have samples of the NRT in the kit for people to look at but it soon become apparent that the clients really wanted to try it, so workers gave out their supply of samples. We then had to source funding to buy more NRT to replace the missing samples from kits.

All clients reported they were given a range of goods from a worker including NRT samples and information on the harm of smoking to themselves and their families. See figure below:

Goods received by clients



Four clients reported they used the play money they were given as a reminder of how much money they were saving and an incentive to quit. They often put the play money in prominent places like their wallets or bedside tables so every time they saw it they were reminded of how much money they could save by giving smokes the flick. The lead researcher was humbled when one client pulled the play money out of her wallet and showed her that she used it as constant reminder.

One client reported she gave the NRT she received to her sister and partner as she thought it would not be useful to her as a Yarndi smoker*.

> *"Yeah they thought it was good yeah, my sister slowed down heaps on the smokes now…She tries the, she does the inhaler yeah… Yeah she buys it yeah 'cause she was smoking a lot."* - Client

Talking to others about the resource:

When clients were asked if they had talked about the resource to anyone else, six reported that they had talked to relatives, partners, friends and people they knew who smoked. Two stated that they talked to pretty much everyone they knew and that those they had talked too had already started cutting down their daily cigarette intake. Some of the quotes indicate that the information about financial benefits of quitting/reducing travels in the clients' social networks in the local Aboriginal community in which they live.

* This client was given more NRT and was informed that using NRT will be effective in reducing the amount of mull (cannabis and tobacco mixture) she smokes.

"Yeah pretty much everyone we know…well nearly everyone we know smokes apart from Pop and my mother…and everybody's giving it a go pretty much now… well a lot of them didn't know you could…get them (NRT) through the doctor and all that and it's cheap so you know…yeah you tell people about it and word travels" - Client

Another client talked about speaking to her partner.

"I was talking to him about it after they left and like I think he realises that that's a lot of the reason I've been bringing all these little nice things home at the end of the week when normally we wouldn't have anything by that stage." - Client

One client was so motivated by the resource she told her sister who has also cut down on the amount of cigarettes she is smoking.

"She wanted to cut down but she was having trouble and then as soon as I found out about that and [worker named] showed me it and more of the little money and stuff yeah I said 'yeah look this is how much you're spending' 'cause she's going to uni, she's trying to save up for a car, she's got her L's… she's learnt how to…budget a bit better…she's cut down a lot now, she hasn't fully given up but she has cut down a lot from what she was smoking." – Client

Resource Improvement suggestions

The majority of workers (8) believed that the resource was simple and easy to use and should not be changed. A suggestion from two workers for improving the photo cards in the resource were to have fruit and vegetables (good nutrition) on the cards as well as cards representing fuel, car registrations, tyres etc as a lot of the target group already had big TVs and other things already pictured. One worker also commented that the photo cards could be made a little bit bigger so that they were easier to find and less likely to be lost if workers were not properly organised.

Updating the prices on the flip chart to represent current prices with the suggestion of using stickers to do it was also mentioned. It was also noted that the Quitline phone number was the old one and any new booklets would need to update the number.

The clients all liked the resource and thought it was good. It has been pointed out by two clients and three workers that the cost of cigarettes in the flip chart needs to be updated. Solutions suggested to updating the prices is to put stickers over the costing or have regular updates on the internet that can be downloaded by the worker at regular intervals. Possible complications with this could be that workers do not have access to colour printers and that the quality of the resource would be lowered.

Some suggestions were to make the resource more readily available, with one respondent stating that a lot of Aboriginal women were on the internet and a website might be good. Two clients and three workers stated that it would be great to take the resources into high

schools where they thought it would have a strong effect on the teenagers, hopefully steering them away from cigarettes before they were hooked on them.

A recurring theme was that more support was needed for Aboriginal people who felt that once they quit there was no ongoing support to stay quit. Suggestions by one client to combat this were to have a support line, much like the Quitline, just for Aboriginal people, motivational SMS texts that you could sign up for, and support groups for quitters similar to Alcoholics Anonymous, where you would have sponsors who you could ring when and if you were feeling particularly vulnerable.

> *"A lot of people are on the internet now, like I don't go anywhere unless I have to… maybe internet even SMS… they can sign up for free SMS… if there was something like that with …motivational little quotes… Maybe a little reward you know like…AA you get a 30 day tick, something like that…I don't know maybe even groups…for smokers, like you know they have alcoholics anonymous. Say like 'oh I feel like having a smoke, you know do you want to come over and we'll go for a walk' … also the hard thing with giving up smoking is eating…I've always been a big girl … I'm an emotional eater so if I was to give up smoking I would just be eating twice as much as I do now… my father was actually…did do a course last year…he passed away a couple of weeks ago but…he wanted to give up smoking, that's what he was working towards so I think there needs to be more…support groups for people who are thinking about giving up smoking and who have given up smoking…I think a website is a great idea all different links to everything… you know when you do a course and you feel obligated to go? …could it be something where you're not obligated, you can just show up if you feel like it…obligation that's stressful see, obligation or responsibility, that's what turns people to smoking (laughter)"* - Client

Confidence in using the resource:

All workers feel confident to use the resource with clients with the exception of one who does not feel comfortable talking to clients in regards to quitting smoking whilst she herself still smokes and feels like a hypocrite telling them to quit. One worker stated that she attempts to go through it with the clients but that they are not interested and I feel this could mean she is not as confident as she thinks she is.

Workers talk about the fact that it is a simple and basic resource that does not have a lot of writing, which makes it easy to use and encourages clients to think about quitting or cutting down their cigarette intake. They feel it enables them to break down the barriers that usually come up when trying to talk to clients regarding their smoking habit. They talk of feeling more comfortable pushing the money angle as it is non threatening and they are able to encourage clients to spend the money saved on treating themselves.

> *"Feel more confident using this than other resources, it assisted her to break down barriers clients had in talking about their smoking habits, you could just start up a conversation. I would feel more comfortable pushing the money angle, the money is not threatening …where all in this boat… you know like God I don't want to spend my money on fags, but you know I totally hear you sister you know, or I say to them 'God you could get a new dress for that' like anyone that expresses half an interest then I, you know encourage them into shopping and getting clothes and yeah…"* - Worker

The more a worker uses the resource the more confident they feel. Two workers thought they were a bit clumsy presenting it but it was reinforced that it is meant to be a yarning tool with the emphasis on just having a casual discussion with the clients on how much their smoking is costing and showing them the NRT options available to help them quit. Having the samples of NRT also leads to greater confidence for the worker in showing the resource.

> *"But to offer them then you know the resources of NRT… as I say it's not just talking about it, it's actually saying look 'here's some, here's some resources here…I could not, I wouldn't do it unless I had the resources…I feel as I say I would be just like a walking ad"* - Worker

Reproduction of Resources

One worker had reproduced pages out of the book into A3 posters to put around the building and she commented it has generated discussions, but once the unit went smoke free it was believed they were working as cues to make patients want to smoke so they were taken down. Another worker showed a desire to do the same in waiting rooms or for group settings with the possibility of printing up multiple A4 booklets for clients to use around the room. She often successfully takes health resources and modifies them into posters or larger books to suit her clients.

One worker expressed that she would like to make a bigger flipchart to have in playgroup so mums can go through it themselves in their own time. One worker said that they had a breastfeeding promotion session with some clients and they actually put a few things out on display and pulled apart one of the booklets and just made a little display of the resource.

Another worker talked about taking the resource back to her workplace and training other workers to use the resource, thus increasing its potential reach. She left the resource on a bookshelf that all workers could access at any time they felt it necessary.

Evaluation of the Nicotine Replacement Therapy (NRT)

NRT product sampling NRT uptake and quitting

Twenty six workers (from training feedback (34) and workers interviewed (15)) believed that the inclusion of NRT product sampling will increase clients' chances of using NRT and/or quitting, with 18 believing that the inclusion of NRT would support workers who smoked to give up or quit.

One worker quit smoking using gum. She found the patches too strong and did not like the inhaler or lozenges. By having the NRT in the kit she was able to try some herself to work out what worked best for her.

Early in the project, workers expressed frustration that they did not have sufficient NRT samples to give their clients and felt that it was a missed opportunity to not be able to hand it out.

> *"It was good because either looking at in a book or a brochure or a poster or seeing it on a movie or a DVD, is much different from actually being able to handle the package and open the pack and you know look at it and that's…what made the difference I think because whatever we had, we gave out. The fact that they could give out freebies"* - Worker

All the workers interviewed reported that having NRT samples there to look at and try was a great motivator. Clients showed a lot of interest in the NRT as they had not seen it before. Workers reported that clients said that the fact that they could look at, feel, taste and try NRT before they bought it was a major motivator. They reported that often when their clients are smoking, having to spend money on a 'quit smoking gimmick' that may not work is just unthinkable. Clients are concerned they might be left without money to buy the cigarettes they so badly crave. Once they see it can work for them they are quite willing to purchase it.

> *"If I didn't have those resources as something to give to them… I know that I could not…have people wanting to give up… It wouldn't have the effect…that I'm having… because people live on very limited incomes …that is a great incentive for them."* - Worker

> *"Well the ones that were lucky enough to get something to sample they were happy, well there was no hesitation, they were quite happy to have a go…I really think that's the key… you can show them this stuff and talk to them and give them something to go on with because they patched up right there as we were talking about it there was no…hesitation …they were really willing."* - Worker

> *"We have um given one lady, she was doing it on her own, she was already um giving up smoking and she's I think she's due in about two months… She was on I think the Microtab … she mentioned one day that she was on them and she was running out and they were expensive and stuff and we said oh we can give you some of those,…we've got some at work, so, yeah so we gave some out. But I think that's the big bonus for the program yeah I think, I think once we start doing it more consistently I think yeah, that might be a big drawer."* - Worker

One worker reported that in one group, clients backed off once the NRT was brought out and reducing and quitting were discussed.

> *"They didn't feel pressured about the cards and the money part but when I brought out the… NRT and the patches and this that and the other, then they felt a bit of pressure 'oh don't give me that' you know that sort of thing. So, they weren't intimidated by…the book and the cost and all that sort of thing and the cards it was when you actually talked about giving up smoking or trying to reduce your smoking and what you can use, that's when they backed off, their interest waned then."* - Worker

One client had success in giving up using the microtabs given to her by the midwife after seeing the resource. She had seen and tried NRT in the past, but the midwife gave her samples including the inhaler and microtabs, which she had not used before.

"At first I was sort of, was a bit urkk with it…They're quite a strong taste...I thought well… I'm getting them for nothing, quit whinging and just you know and then after probably about … by the second sheet…because she give me a pack of 100. I was fine with them… I've tried the um, nicobates… I find that because they've got that um mint flavour…they tend to become quite addictive. Where as the nicorelle ones, the little microtabs because they've got that little bit of bitter taste you tend not to want to shove one in your mouth as often. Yeah and I found them really good." - Client

Clients were very open to trying the free samples on offer. All clients either went on to purchase their own or had doctors' appointments booked to arrange NRT.

"Yeah [worker named] shown us all those ones…it's the first time I'd ever seen them…I found them very interesting that made me want to try them…when [worker named] showed us in the course I thought 'oh I'd like to try you know some of that stuff she showed about you know' Yeah that was very helpful…I'd like to try the pipe one you know…that seems like a good one to start off with and see how I go." – Client

At first the intention was that the clients would just look at, feel, and smell the NRT samples, but the clients were very keen to try it. This became a problem because the workers did not have any samples left in their kit. We followed this up by getting extra funding to purchase more NRT samples so that the workers could restock and hand out some NRT samples to clients who expressed a desire to try. This simple action has increased clients' motivation to arrange NRT for themselves and have quit attempts.

"I think a lot of people are interested in having a go and will certainly go that extra step if you give it to them to try…some people would follow through and be prepared to pay for their own." - Worker

Education regarding NRT

Inclusion of NRT product sampling has increased workers' awareness and knowledge of what is available and given them more confidence to pass on that knowledge to their clients including dosage rates. It enabled them to be an advocate for NRT and show their clients what is available and in most instances give clients samples. For the non smoking workers receiving feedback from their clients regarding their experience with NRT increased their knowledge of NRT use.

"It's increased my awareness as a non smoker…knowing some of the people that have tried it and their experience I'm able to relay that on to other people 'oh you know such and such tried it and they've found it quite successful' and that kind of thing" - Worker

"I know what the product is and I know now what it looks like and how it works so I can actually give people better information so I feel a lot more confident talking about it" - Worker

Workers reported the clients could familiarise themselves with what is currently available. They reported that most of the clients thought NRT was just gum or patches but there is so much more now available and clients appreciated information about the new products. Clients also showed much more willingness to give it a go even going out and making appointments with their GPs to organise NRT for themselves.

"They could familiarise themselves with the products and find what works for them. They understand a bit more" - Worker

Clients reported that learning about the available NRT options motivated them to try it.

"It's the first time I'd ever seen them…I found them very interesting that made me want to try them do you know what I mean?...when [worker named] showed us in the course I thought 'oh I'd like to try'…some of that stuff she showed…I was pretty happy with that… when I seen all the stuff that can help you…it gave me a bit of a oomph to try you know what I mean" - Client

Barriers for using NRT

Workers reported that perceived affordability of NRT is a barrier to its use*.

"A lot of people that I know in my family and in the community that… want to give up smoking it's, the financial issues and buying the NRT stuff that they can't afford so they think oh well we'll just keep smoking." - Worker

"But I think that would really work, we have um given one lady, she was doing it on her own, she was already um giving up smoking and she's I think she's due in about two months… She was on I think the Microtab … she mentioned one day that she was on them and she was running out and they were expensive and stuff and we said oh we can give you some of those." - Worker

"If NRT was free to…Aboriginal clients, I think it would work, it would be really good you know." - Worker

The major barrier to clients using NRT is the cost and lack of knowledge about what is currently available. Educating them in regards to NRT has been a very important step to encourage clients to use NRT when having a quit attempt.

"It's the first time I'd ever seen them…I found them very interesting that made me want to try them do you know what I mean?...when [worker named] showed us in the course I thought 'oh I'd like to try'…some of that stuff she showed…I was pretty happy with that… when I seen all the stuff that can help you…it gave me a bit of a oomph to try you know what I mean" - Client

It was noted by one client that it was great to see what your options were because some Aboriginal people get embarrassed to ask.

"I'd seen 'em on the ad on the TV but that's all and when [worker named] showed me that was the first time I'd ever sort of seen them, it's good to know your options…And being Aboriginal, some Aboriginals would get embarrassed so they're not going ask about things yeah." - Client

* At the time of the research project only patches were available on PBS.

NRT Improvement Suggestions

Access and Cost – Workers' perspective

All workers stated that there needed to be free starter NRT packs available to clients to motivate them to quit. Often when a smoker is faced with the choice of buying cigarettes or NRT they will choose the cigarettes. It was noted that some countries like England actually gave people access to trial NRT and one worker said she hoped our Government would follow suit.

Two workers thought that having up to date price lists of NRT would also be very useful.

> *"Well of course if it was all free… I think people would really go for it then. But the cost is, even though they're paying for cigarettes it's just different way people look at things, they don't see that as the same. So yeah I think that would make a big difference."* - Worker

One hospital worker stated she did not know how people in the community coped with getting NRT. Her experience was that NRT for clients/patients was unlimited in hospital but once the patients left, they could not obtain free NRT except patches on PBS.

> *"One of the things which came that patients said 'so what happens afterwards?'… if NRT would be available freely…you know you go to your GP and get it prescribed, I think that would really make enormous difference again… in the broad society."* - Worker

It was also brought up by one worker that you could go halves in a pouch of tobacco but going halves in NRT is not possible.

Access and Cost – Clients' perspective

The clients thought that all NRT products should be made cheaper or free and available on PBS and that while NRT is not on PBS it would be good to access starter kits of NRT so that they are free to try before they buy and see what will work best for them instead of going without their cigarettes to achieve this.

> *"There's people that want to give up and they have to, they will have to pay for it before and that's what stopped them"* - Client

> *"There was no chance we could do that sort of thing but now a days, now because it's cheaper we can do it but there was no way in the world…It was dearer than smoking"* - Client

> *"Like the mindset of a smoker is you know, if I'm going to spend $10 on that when I can buy a packet of smokes I'll …buy a packet of smokes. You know what I mean? …if you can sort of get a couple of free samples, I think it sort of helps you on your way…I can't understand why they don't have that, them on… the free list like they do the patches because I think a lot more people would … but I really think the government should put them on…the prescription list as well…a bit of variety because some people just don't like patches and… you know they're all a quit smoking aid……so I can't understand why they've got one lot but not the other you know, they have different types of antibiotics for you know different people so I mean smoking is the same"* - Client

Training regarding NRT

Two workers mentioned that they needed more information or training in regards to NRT, which would make them feel more confident in talking to clients about it. Things like cost of NRT, expected length of time people would be on it, what is the most appropriate NRT for particular people, dosage of the NRT for different smokers, etc. This information would help workers to talk to their clients more confidently in regards to NRT. They expressed a great desire to be able to give out the correct NRT to clients when showing them the resource.

Several workers reported that when pregnant clients went to their GP to arrange NRT the GPs were reluctant to prescribe. These GPs may be unaware of the current best practice guidelines that NRT should be used:

"…when a pregnant woman is otherwise unable to quit and when the likelihood of quitting, with its potential benefits, outweighs the risk of NRT use or continued smoking. Women who are unable to quit smoking during pregnancy with behavioural intervention alone should be considered for NRT. The continuing smoker receives not only much higher levels of nicotine compared with that delivered by NRT, approximately double, but also bears the additional risks described above for the fetus and the mother, related to high blood levels of carbon monoxide and many of the other 4000 chemicals in tobacco smoke." [5, p 98]

> *'Yeah well that's it because the GPs are sometimes still a bit you know like, saying the opposite, so that makes it hard'*- Worker

Evaluation of the Health Smart Nicotine Replacement Therapy DVD – Workers' View

Most workers who were interviewed (9) had shown the DVD to clients with two workers saying that they had actually given their client a copy. Workers who used the resource in groups usually show the DVD as part of the presentation. It was mentioned that it was very 'sensible'. There were a number of workers who didn't know much about or used the resource. No access to a DVD player was mentioned as the reason why two workers have not shown it to clients. Three others were unsure as to whether they had received the DVD in their kit.

One worker showed the *GSTF* resource to a group of kids without having the *HealthSmart* DVD. When she ran another group she had received the DVD and commented that the information on the DVD reinforced the rest of the resource and improved its implementation.

Another worker commented that they showed the DVD then followed it up with passing around the NRT for clients to see, feel, smell and try. One worker said that after seeing the DVD the smoking clients went outside for a smoke. Another worker reported that seeing the

DVD was interesting for inpatients and gave nurses confidence to talk to inpatients and doctors regarding what NRT they required.

> *"I remember in the beginning when we had the DVD, oh it was a big thing, 'how does that look' and you know people were really interested and it was something completely new for nurses, for my colleagues and for the patients so it was a real good thing that we run it but now it seems that everyone picked up on the information and yeah they're much more confident…they initiate and then they run after the doctor and have it officially on the medication charts."* - Worker

Cultural Appropriateness of DVD

Of the workers that used the DVD most thought that it was culturally appropriate despite the presenter being a non Aboriginal lady. Two workers thought it was not very culturally appropriate because of the presenter being non Aboriginal, but it was still thought that the information it contained was useful and that it had a multicultural feel.

> *"For me personally… the information was there and I understood the information but…like I said before I don't think it's really culturally appropriate and I don't think it would have a big impact if that makes sense."* - Worker

Effectiveness of DVD

Clients' willingness to use NRT – Workers' view

Workers said that the DVD has given clients the information to take the first step, planting the seed so to speak. Workers stated that a lot of clients had limited or no prior knowledge regarding NRT so this was the first time they had really seen the information. The NRT in the kit complemented the DVD because they could watch the DVD then actually see the NRT and in some cases take some home to try. Two workers thought the NRT in the kit was more important then the DVD. The DVD seemed to reduce the anxiety for clients to talk to either a chemist or their doctor regarding NRT.

> *"I think it was more when they could actually see it in their hands and look at it and think well ok oh that's what it looks, that was more of an impact on it rather than what they saw in the DVD I think."* - Worker

One hospital worker said that after watching the DVD some patients asked their nurses if they could try some NRT, they especially asked for the inhalers.

> *"After the DVD three or four people asked their nurses because we said 'ok so now you have to talk to the nurses that you want to do it' they ask 'can I try it, can I try it'… I find that DVD very good."* - Worker

Workers' willingness to use NRT

When the workers were asked what effect if any the DVD had on their own willingness to use NRT or think about using it in the future, one worker answered that *'it was quite effective'* as she gave up after seeing the resources and watching the DVD. Another reported that *'it put the thought there'* that she could succeed in quitting but that having smoked

since she was twelve she wasn't quite ready to take the plunge. Another smoker said that if and when she gives up she would be one who would go cold turkey and didn't think she'd use NRT.

Some of the workers were already non smokers so the main impact was to educate them about NRT which helped them talk to their clients.

> *"Very well presented because there's lots of different sort of scenes and practical terms and you can see how they chew and you can see how they put it on their skin. I think it's very good…I enjoyed it…I felt confident by watching it a couple of times so I knew what I was talking about…I think it was very good."* - Worker

Evaluation of the Bernard's Choice DVD – Workers' View

Most said it was good to watch it because it goes through the right way of approaching clients in regards to their nicotine addiction. Four workers have taken different aspects of it that they can use when working with clients. Two workers have been showing the Bernard's Choice DVD to clients. It enabled three workers to self reflect on their practice and how they approach their smoking clients and modify their approach if necessary. Two workers have been working in the industry for a long time and already approached their clients in a similar manner. Two of the workers could not remember the DVD.

> *"It just shows how to do it properly and…to not get the client offside …she spoke to him in an appropriate manner that got him onside and got him thinking because you don't want to be telling them don't do this, don't do that, that doesn't work it's just sort of, how do you feel about doing this or… different questioning techniques that got the right response and outcome."* - Worker

Evaluation of the Happy Health Mums and Bubs Resource

Clients and workers impressions and opinions regarding resources' layout and cultural appropriateness

The workers thought the resource was culturally appropriate. They thought it was good and had lovely pictures, good information and a sturdy design that can withstand being knocked around. Not all workers received the booklet or were able to use it with their clients but those that had Aboriginal clients thought it was great. The major reason workers said that it was culturally appropriate were the lovely pictures of local babies and people, clear messages and the language used (Aboriginal English terminology).

> *"I think it's a great little booklet …it gives some really nice clear messages… ladies definitely like the pictures in the book."* - Worker

Five clients had not seen the *HHM&B* resource. Four clients believed that the resource was culturally appropriate. Those that commented highlighted the use of local photos and language as important in making the resource culturally appropriate.

The clients rated this resource high for cultural appropriateness because it was written in appropriate language (using Aboriginal English terminology) and the beautiful photos of locals made it more appealing. The lowest rating it received was a seven (out of a possible ten), with one person rating it a 7-8, another rating it an 8 and one giving it a ten.

Does the focus on tobacco and babies' health have an impact on women's smoking habits during and after pregnancy?

Workers commented it was difficult to isolate the impact that the booklets had on women's smoking habits during and after pregnancy because there is so much information now available to parents regarding the hazards of smoking and babies' health. Four workers handed the booklets out without following up what the clients actually thought of it so felt unable to answer the question at all. Others reported not seeing any behaviour changes in the women. The original idea of using the *HHM&B* booklet as a yarning tool appears to have not eventuated because workers have handed them out without working through them with their clients.

Three workers thought the resource had an effect on their clients and that they were changing their behaviours appropriately. Two workers thought that younger women especially did try to quit or at least reduce their smoking once they were given information on the health effects of smoking during pregnancy.

The workers themselves think it is a good resource but three workers commented that they thought it would have had very little effect and not nearly as effective as the *GSTF* resource because the message is not as strong.

> *"I would say probably not as effective as the Give Smokes the Flick that package… Although the booklet is very beautiful and the pictures are gorgeous and all that I'm just not quite sure whether the health message is strong enough… to say that alone is changing people's minds about smoking you know during pregnancy or after or whatever…Just my thought."* - Worker

Does the focus on tobacco and babies' health have an impact on the women's environment in terms of household and car ETS exposure?

There were varied responses with eight workers stating that there has been a change and that the message appears to be getting through with partners going outside to smoke, women putting smoking jackets on and going outside to smoke. Four workers aren't sure whether it is to do with the booklet directly or a case of being bombarded with information from all areas regarding the ETS exposure. One commented that she had noticed, especially around playgroups, that after receiving the booklets they seemed more aware and were not smoking around their babies.

Two others stated that there appears to be no change, clients are still smoking in their houses and cars and there does not seem to be any difference, but that the non smokers in

the group have started to make smoking areas so that the smoking is away from everyone else.

> *"I don't know how much that changes their mind about smoking but I…have noticed that the women don't smoke near their babies if they've got a newborn or a young child they'll go either outside the fence or away or you know that kind of thing. That's something that I've noticed a change in"* - Worker

There was a specific comment on the effect the resource had on reducing passive smoking:

> *"You've got mums who were smoking inside who aren't anymore…Making that conscious effort"* - Worker

Resource use with clients outside target groups:

When workers were asked if they had used this resource on any other populations besides Aboriginal pregnant women who smoke and their families three workers said that they only work with Aboriginal pregnant women and gave it to all their clients even those that don't smoke because most would be around other people who smoked at some time during the pregnancy. They have also given it to non Aboriginal women who are having an Aboriginal baby.

One of the workers stated that she uses it every opportunity she gets. Another has used the information from the booklets to educate homeless youth about passive smoking because the information in the booklet was relevant to them. It has also been given out in young mums groups that have a mixture of participants.

> *"We have young people that come in that don't smoke so we do talk about passive smoking and … it was good to have that kind of information there even though it was more related to a baby…they are still in that children to adult, early adult yeah so we did use… the information though didn't actually use the resource"* - Worker

Because the language and the visuals are targeted for Aboriginal people one worker thought it may have relevance for other groups but said you'd have to have that proviso, this was targeted for Aboriginal people but it still has the same relevant message that is useful to us all.

One worker who works with children gave it to her clients' parents as it had relevant information for them because their young children had Otitis Media.

Resource Improvement Suggestions:

When asked how the *HHM&B* resource could be improved, the majority of respondents who had used it (4) believed it was a good resource as is. One worker commented on the sturdy design and the fact that it could withstand rough treatment. Another worker commented on its 'good size' and the fact that clients could write notes in it.

"I think it's a great little booklet, I think it gives some really nice clear messages, the ladies definitely like the pictures in the book. We give it to all our pregnant mums as part of like a little antenatal package like information, pregnancy information stuff" - Worker

"I think it's really nice, I think that the format is nice, the size and… it can sit around on a table and get kicked around and knocked on the floor and not get destroyed, you know so it's robust…And it's colourful and it's very positive so, I think its good" - Worker

One suggestion was that it should be promoted more and made more accessible. One worker wanted another booklet made that was more multicultural. Another worker commented that people can get a bit 'pamphleted out' and that the content may be confronting to clients.

"I think a lot of people get a bit pamphleted out you know what I mean…you've got to look at literacy levels and stuff like that as well…so visual things are really great but if they get too wordy people just go 'oh I'm not going there' and it's confronting too when you're talking about, you know…I might be…actually…hurting somebody… you wonder how many actually really read it and really take it on board." - Worker

One worker commented that it should perhaps be kept in the clients' little blue book (provided by NSW Health at birth) so that it is on hand all the time and it acts like a reminder.

The five clients that had seen it thought that the resource was good and enjoyed the fact it had local babies and people in it. They thought it did not need to change, and had just the right amount of information in it and was written in a way that made them feel comfortable. Clients also liked the idea that they could write their appointments in it. Five clients reported that they had not seen the *HHM&B* resource. The lead researcher gave two of them copies during the interview with both clients wanting to keep them.

Two clients thought it should be more accessible to people, leaving it in community places so people can see it, handing it out more, passing it on once they've read it.

"No I think that it was good…like most the Aboriginal people smoke…like in that booklet it tells you how to keep the children, a lot don't realise that when you're smoking around them they actually are breathing it in… and a lot of mums just sit there smoking while the kids are just there and they're breathing it in… the babies are around and it's not good too because the doctors have found that as a lot of, to do with SIDS as well, so they've found that it causes it. So it's good to know that." - Client

Final comment on the need for a policy from one passionate worker

The following comment was received from a very passionate worker who is distressed by workers who are smoking in front of their clients and even encouraging their clients to smoke.

" I would like to see … services take on board to actually um make it a policy not to smoke with um clients…I was over at um the [organisation named]… eighteen months ago and this worker was working with

um this…very young girl who was pregnant like she was something like seventeen, anyhow and she wasn't a smoker…I said to this little one I said 'I didn't think you smoked' she said 'oh well…my caseworker smokes so that's, that's what I do I just go outside and smoke with her' and I just thought that is just such a bad…you know like, it's, it's not a good role model and I just think that little one was seventeen and she wasn't a smoker but because her um case worker did… now she is a smoker and I have to say you know like…I see a lot in the Indigenous community, the Indigenous workers just sitting there smoking with their clients and I think you know as role models we need to have that…mind set different that you know…we as workers we don't, we can smoke that's our choice but we don't you know…a policy should, you know if work places would adopt it and especially…Community Health, DoCS and everything else to actually say no, the policy is you are not allowed to smoke with your clients… I would honestly believe that the rate of smoking would reduce… dramatically and the thing is it's like I've heard workers say 'oh go on have a smoke you must be so stressed' and I think come on stop this you know like if they're dealing with their stress in a different way, please let them go but don't tell them they're stressed and please light up… it's quite a concern and as I say… when you see…it gives them places like…the Neighbourhood Centre, the PCYC, the you know different places the um, kids refuge. you know they're standing outside…the workers would be outside smoking with…the clients and I'd think that is so wrong, you know this was youth … I believe that if there was a stance taken over… you know a government policy…being in place you know that you … cannot smoke in view of your clients because it just sends like… it should be…that you can work with your client but certainly not show them bad habits… I mean to say like we see the damages that smoking does…we've seen it first hand with our relatives … so that's my, my little improvement on the, and I think it would be wonderful to actually work with um ah community partners you know that …someone come and actually worked with groups of community partners and confronted them with how much they're spending a week on tobacco…it annoys me and I get disappointed that workers are encouraging the young and the vulnerable to smoke and, and labelling it because you're stressed." - Worker

Discussion

This study has raised some interesting discussion points regarding the *GSTF* and *HHM&B*s resources as well as the delivery of innovative strategies that encourage and support tobacco cessation and reduction strategies amongst Aboriginal clients and workers.

Impact of NRT product sampling

The play money and the NRT samples seem to work very well together. Having access to NRT samples enabled the worker to take advantage of opportunistic moments and most clients seemed to respond favourably to having real life samples to see, touch, smell and try. This in itself seemed to motivate the clients far more than just talking about NRT. Being able to offer free samples was strongly supported by both workers and clients.

Impact the Give Smokes the Flick resource had on clients' and workers' smoking

Behaviour change

When relating interviews data to Prochaska et al's stages of change model,[9, 10] It was encouraging to see that some clients have moved from the pre-contemplation stage, through contemplation to action, i.e. they reduced the number of cigarettes they smoke to minimise financial impact. This process of self regulation has also been found amongst concomitant smokers of cannabis and tobacco in the mull hypothesis study.[19] In our situation, it appears that targeting the economic impact of smoking was a strong motivator to instigate change and reduce the number of cigarettes smoked.

Knowledge of best practice approaches to quitting

Main stream tobacco control services regard reducing as a step to quitting. The iCanQuit site outlines two main methods: 1. Reducing the number of cigarettes in a planned way until quitting, e.g. halving the number smoked every day, or 2. Reduce the number of cigarettes smoked while using NRT with a clear plan to quit within a set period, e.g. 6 weeks.[20]

Interestingly, some of the clients related to using cutting down as a stage to give up in a non-specific way, but none of the workers or clients mentioned either of these methods in detail in their interviews. This omission points to a lack of knowledge regarding cessation, especially among workers and for a need for further skilling and focus on cessation expertise among Aboriginal workers and other health workers who work with Aboriginal clients.

The *GSTF* resource appears to have potential as a starting point in reducing tobacco intake, but was not as successful in encouraging clients or workers to quit on its own. Further

intervention could take the form of detailed and specific reduction and quitting plans as well as customised SMS, on-line and peer support services as mentioned in the following section.

Further research regarding longer term effect on reduction or quitting among this study's participants is recommended, i.e. checking whether the short term changes of reducing the number of cigarettes would be sustained and whether they would lead to quitting attempts and cessation.

Clients' ideas for further support to quit

Clients mentioned that they would like more ongoing support including a website, motivational SMS texts and a support group. They said that Aboriginal women enjoyed going on line so having an e-site that enabled women to get support from health professionals as well as each other could be a way of further tackling the problem. They suggested the site could offer motivational messages, 24 hour support for anyone that is going through a particularly stressful time and needs extra support to keep off the cigarettes. The site could have a holistic approach and cover other topics such as healthy eating recipes, tips, exercise, techniques for coping with stress etc. If set up correctly the site could have mentors there to guide people through their journey to a smoke free lifestyle and have some form of acknowledgement for how long participants had been smoke free. By having it online one could address the need for a support group without clients having to turn up at certain times as they would be able to log on at any time.

Feedback about the resource and the differences between them

Overall, the *GSTF* and the *HHM&B* resources were well received by both the workers and clients who participated in the evaluation process. The simple format and yarning style of both resources helped workers initiate conversations with clients regarding their tobacco use. The additional resources included in the *GSTF* package, specifically the money and actual NRT samples, appeared to be persuasive motivators for clients in taking the step from pre-contemplation, through contemplation to action.

Having actual samples of NRT and being able to provide free samples appeared to be effective support resources that helped to initiate conversations, and in some instances led to the purchase of NRT, to support individual cutting back or quit attempts. Having actual NRT samples was strongly supported by both clients and workers and the additional DVD resources included in the *GSTF* package, appeared to be useful support tools when addressing effective client/worker communication and NRT use.

So while workers were satisfied with the training, some valid suggestions for improvement were provided such as:

- A stronger focus on NRT including information on the cost of NRT, expected length of time people should be on it, the most appropriate NRT for that particular person and the dosage of the NRT for different smokers.
- Increase the duration of the workshop and include role playing scenarios such as a mock consultation with client and worker using the kit.
- Add to the package a DVD refresher course that plays out various scenarios on using both resources with clients.
- Run the program as a workshop for workers.

Nearly half of the workers interviewed could not comment on the effectiveness of the *HHM&B* resource or if it had changed smoking rates during pregnancy or smoking levels around children. Others reported that they have just given it to clients, but not used it as a trigger for yarning about and discussing smoking and quitting. Feedback clearly showed that within the workplace, the workers' focus was definitely on the *GSTF* resource.

This could be related to the innovative approach of the *GSTF* resource with its focus on economic benefits rather than health risks. Workers were excited about the resource and enthusiastic to use it. This outcome could also be related to the actual training sessions. In hindsight the focus of the workshops was on using the *GSTF* resource. Although the *HHM&B* resource did have a session allocated to it in the workshop, overall the focus of the training sessions was on the *GSTF* resource.

The fact that less time was spent on the *HHM&B* resource during training could be strongly influencing its use in the workplace. If we were to adopt the suggestion to include a refresher course on resource use, we could also include a session on the correct way to use the *HHM&B* resource which may improve its use amongst workers and impact on clients.

Cultural Appropriateness

An interesting perspective on cultural appropriateness was raised throughout the interview process. During development of the resources, we focussed on making the resources culturally appropriate through visuals, language and yarning were key elements of design. However, more than one client raised the fact that cultural appropriateness is not important when looking at tobacco issues, the habit does not differentiate according to skin colour so the importance of culturally identifying with a tobacco resource was not that important. This is consistent with findings by Johnston & Thomas that there was good recall among Aboriginal community members of mainstream anti tobacco social marketing campaigns.[21]

A different response may have been given if the resources were not designed to be culturally appropriate.

Workers seemed to like the different approach taken by the *GSTF* resource, an approach that does not point the finger and say 'you must give up'. This could be related to the

uniqueness of the *GSTF* resource and the different approach it takes to changing smoking status by focussing on money matters rather than health issues. This approach may have suited the Aboriginal cultural norm of non confrontational communication,[22] i.e. talking about financial matters was easier and more acceptable than discussing the harms caused by smoking.

Creative use of the resource

The play money has proven to be quite a flexible resource for workers and those surveyed highlighted different ways they have used it with clients. Some workers separate the money groups and tell their clients to put the play money in prominent places like their wallets or bedside tables so every time they see it they are reminded of how much money they could save by giving smokes the flick.

Another comment we received was that the idea of diverting money, used for an addictive substance, to other purposes could be used to address alcohol and Yarndi issues in Aboriginal communities. This feedback may reflect the importance of the social determinants of health on substance use issues in Aboriginal communities. Focussing on money created a strong leverage for behaviour change that can be applied to behaviours other than tobacco smoking. Sadly, our funding comes in 'silos', so the underlying social issue of the higher prevalence of poverty in Aboriginal communities is not addressed.

Advocating a holistic approach

It was noted by a client that a holistic approach was needed so that weight issues, stress and self esteem etc could all be addressed this is consistent with the Tobacco Time for Action report, which identifies that tobacco programs must be holistic as Aboriginal people's view of health takes in not only the physical wellbeing of the individual, but also the social, emotional and cultural wellbeing of the community as well.[15]

Lessons Learnt

Training process

Some workers expressed reluctance to confront smokers with information about the health consequences of smoking and even expressed reluctance to discuss NRT as it may be upsetting to some clients. This notion is consistent with values, cultural norms and language common in Aboriginal communities, which prefer a non-direct approach.[22]

However, smoking in pregnancy is an important health issue that warrants intervention and some challenging of this behaviour may be possible if done in a sensitive way. Most workers were feeling comfortable talking about these issues, so it might be useful to enlist Aboriginal

workers in a process of putting together a training package or process, that address smoking in pregnancy and related issues in a culturally appropriate way. In fact, one of the workers commented that the *Bernard's Choice* DVD demonstrated how to engage Aboriginal clients properly and *"…to not get them offside …she spoke to him in an appropriate manner that got him onside and got him thinking because you don't want to be telling them don't do this, don't do that, that doesn't work it's just sort of, how do you feel about doing this or… different questioning techniques that got the right response and outcome."*

Any skilling up of workers could use the DVD as a basis but it needs to be built on with further training in and practice of interpersonal/counselling skills as well as content specific knowledge and skills regarding smoking and cessation, e.g. NRT. Since some workers have attended a number of training courses in the past, but the study has identified major gaps in application of evidence based best practice cessation services to Aboriginal clients, it seems that in order to achieve changes in workers' skills around cessation, it would be more effective for them to engage in an on-going learning process, which involves more intensive supervision of their application of the above skills. Since the Federal Government is dedicating substantial funds to tackle Aboriginal smoking, it might be a good time to secure resources to pilot such an approach.

The impact of social networking on resource dissemination

Consideration should be given to ways in which the resource can be used beyond the originally intended target group and health issue. It was evident that people other than pregnant women were shown the resources, especially the play money and sample NRT, and consequently changed their behaviour. A number of respondents said that the information regarding saving money from reducing or quitting smoking triggered a strong response and was travelling throughout their social network and local Aboriginal communities. This reflects Christakis and Fowler's Framingham study findings in which they found that healthy behaviours – like quitting smoking, staying in the healthy weight range, or being happy – pass from friend to friend almost as if they were contagious viruses. The Framingham participants, the data suggested, influenced one another's health just by interacting and socializing. The same was true of unhealthy behaviours – clusters of friends appeared to 'infect' each other with obesity, unhappiness and smoking.[23]

It would be useful to use viral social marketing to engender such responses in Aboriginal communities via social networks. This would enable the resource to have a much larger impact on many people in Aboriginal communities, which in turn could make it easier for pregnant women to quit or reduce smoking. More research on how to use this approach in Aboriginal communities is warranted.

Limitations

Data collection

Three issues arose during data collection that warrant discussion and have the potential to impact on health promotion evaluation processes in general. Obtaining Ethics Approval took longer than anticipated because it had to go to NCAHS NREC and then to get approval from NSW AH&MRC (which took 4 more months). To improve this process it may be useful to have a generic timeframe disseminated by Ethics & Governance Offices that highlights the ethics approval process. This could be a useful tool for both experienced and novice researchers and may support the development of timelines that better accommodate this process.

The second issue was workers availability and commitment to the evaluation. This relates to the difficulty in accessing workers. Some workers reported they had no time to use the resources with clients given the level of crisis their clients were experiencing.

Further consideration needs to be given to post data collection processes which rely on interviews or surveys being conducted during work time. Providing workers with incentives to participate may be a useful strategy.

Finally, it took longer than expected to recruit workers and then clients. The research lead spent a long time building rapport and relationships with workers. She also offered incentives and resources (e.g. more NRT samples and *HHM&B* booklets) to workers which eventually motivated them to engage in the evaluation process. This is a common occurrence in research projects that involve Aboriginal participants. In the North Coast Health Promotion Mull Hypothesis study the non Indigenous part of the project was completed much earlier than the Indigenous one.[19] The building of relationships is considered best practice in Indigenous research[24] so it is recommended that more times is allocated to their implementation and completion.

Sample selection

Most clients were Aboriginal. Non Aboriginal clients had Aboriginal partners. Regardless of race, all clients interviewed were familiar with the resources. Future consideration should be placed on the selection criteria when working with Aboriginal clients. Limiting the selection criteria may have an impact on the time taken to recruit and sample size.

Conclusion & Recommendations

The study has identified major skills gaps when providing cessation services to Aboriginal clients. To reduce smoking rates, ongoing workforce development in providing smoking cessation is required to have a confident and competent cessation workforce.

In conclusion, the most effective way to deliver *GSTF* requires three components: *GSTF* resources, NRT sample distribution and on-going follow-up by confident and competent cessation workers as described in the diagram below.

We therefore recommend that *GSTF* be incorporated into tobacco programs targeting Aboriginal people.

Project and resource improvements

1. Provide Aboriginal clients with samples of all NRT products when discussing smoking cessation.
2. Compile an instructional DVD on how to use the financial approach and using NRT to quit. This DVD would be included in the resource.
3. The *GSTF* resource package should include:
    - 3.1. Play money for the clients to illustrate savings that can be made.
    - 3.2. Play money for clients for them to keep in prominent place as a reminder of savings.
    - 3.3. NRT samples to show clients.
    - 3.4. NRT samples for clients to take away and try.
    - 3.5. Modified photo cards.
    - 3.6. Calculator.
    - 3.7. *HealthSmart NRT* DVD.
    - 3.8. *Bernard's Choice* DVD.
    - 3.9. Remove the story book because it does not appear to contribute to the resources effectiveness.
4. Photo cards are to be modified and made larger. Exclude cards with items that people already have e.g. TVs, and replace with cards showing fruit and vegetables, car registrations, insurance, fuel.

5. Add a small calculator to the resource to assist in calculations of how much is spent on cigarettes per week. (Possibly funded by NRT suppliers and shaped like an NRT product).

Workforce development

6. Build the capacity of workers who use the resource to provide ongoing cessation brief intervention.

    6.1. Provide training in and practice of motivational interviewing and other interpersonal/ counselling skills related to smoking cessation under mentoring/ supervision.

    6.2. Incorporate the creative ideas raised in this study regarding implementation of the resource into the resource training e.g. clients carrying play money in their wallets or displaying it in prominent locations to reinforce their reasons to quit.

Further research and development

7. Conduct follow up research with clients and workers in October 2011 to assess whether changes in smoking behaviour have been sustained.

8. Disseminate best practice guidelines for smoking cessation in pregnancy to local General Practitioners via the local General Practice Networks.

9. Funding to be sought to research and pilot the use of social network/viral dissemination regarding smoking cessation in Aboriginal communities.

10. Pilot and evaluate a social media strategy for example *Facebook* to provide customised and interactive support and information to Aboriginal people who are quitting. Note currently health workers cannot access *Facebook* on work computers.

11. Test *GSTF* on low SES groups. The economic approach to reducing addiction could also be tested for alcohol and yarndi (marihuana and tobacco).

References

1. Centre for Excellence in Indigenous Tobacco Control (CEITC). Just the Facts: a fact sheet about tobacco use among Indigenous Australians. Melbourne: CEITC, The University of Melbourne; 2008. 4 p.

2. Chapman S. Falling prevalence of smoking: how low can we go? Tob Control. 2007;16(3):145-7.

3. NSW Department of Health. National clinical guidelines for the management of drug use during pregnancy, birth and the early development years of the newborn. North Sydney: NSW Department of Health; 2006. 116 p.

4. Laws P, Grayson N, Sullivan EA. Smoking and pregnancy. Sydney: AIHW National Perinatal Statistics Unit; 2006. 55 p.

5. NSW Department of Health (Ed.). Background papers to the national clinical guidelines for the management of drug use during pregnancy, birth and the early development years of the newborn. North Sydney: NSW Department of Health; 2006. 174 p.

6. ASH. Nicotine Replacement Therapy: Guidelines for healthcare professionals on using Nicotine Replacement Therapy for smokers not yet ready to stop smoking. Sydney: ASH - Action on Smoking & Health; 2007. 17 p.

7. NSW Health. HealthSmart Nicotine Replacement Therapy [DVD]. Sydney: NSW Health, Tobacco & Health Branch; 2006.

8. NSW Health. SmokeCheck Bernard's choice: brief motivational intervention for smoking cessation [DVD]. Sydney: NSW Health; 2007.

9. Prochaska JO, Velicer WF. The transtheroretical model of health behavior change. Am J Health Promot. 1997;12(1):38-48.

10. Prochaska JO, DiClemente CC, Norcross JC. In search of how people change: applications to addictive behaviors. Am Psychol. 1992;47(9):1102-14.

11. The Cancer Council NSW. Lifting the burden: tobacco control and social equity strategy July 2006 to June 2011. Kings Cross: The Cancer Council NSW; 2006. 46 p.

12. Health Promotion Unit. North Coast Area Health Service smoke free pregnancy strategy 2008-2013. Lismore: Health Promotion Unit, Population Health, Planning & Performance, North Coast Area Health Service; 2008. 57 p. Available from: http://www.ncahs.nsw.gov.au/index.php?pageid=3440&siteid=142.

13. ASH [Internet]. Sydney: ASH - Action on Smoking & Health; 2009 [updated 2009 Nov 24; cited 2009 Nov 30]. Smoke harm worst for toddlers, obese children; [about 2 screens]. Available from: http://www.ashaust.org.au/mediareleases/091124.htm.

14. Johnston V, Thomas DP. Smoking behaviours in a remote Australian Indigenous community: The influence of family and other factors. Soc Sci Med. 2008;67:1708-16.

15. Lindorff K. Tobacco - time for action. National Aboriginal and Torres Strait Islander tobacco control project. Final report. Canberra: National Aboriginal Community Controlled Health Organisation; 2002. 218 p.

16. Boyden AN, Carter R. The appropriate use of financial incentives to encourage preventive care in general practice. Melbourne: Monash University; 2000. 30 p. Available from: http://www.buseco.monash.edu.au/centres/che/pubs/rr18.pdf.

17. smokecheck.com.au [Internet]. Sydney: University of Sydney; NSW Health; Cancer Institute NSW; 2011 [updated 2011 Feb 20; cited 2011 May 11]. [about 2 screens]. Available from: http://www.smokecheck.com.au/.

18. DiClemente CC, Prochaska JO, Fairhurst SK, Velicer WF, Velasquez MM, Rossi JS. The process of smoking cessation: an analysis of precontemplation, contemplation, and preparation stages of change. J Consult Clin Psychol. 1991;59(2):295-304.

19. Banbury A, Zask A, Van Beurden E. The mull hypothesis. Lismore: Health Promotion North Coast Area Health Service; National Cannabis Prevention & Information Centre, University of New South Wales; NSW Health; 2010. 57 p.

20. Cancer Institute NSW [Internet]. Sydney: Cancer Institute NSW; 2011 [iCanQuit. Available from: http://www.icanquit.com.au/quit-guide/methods-to-quit/cut-down-to-quit.

21. Johnston V, Thomas DP. What works in Indigenous tobacco control? The perceptions of remote Indigenous community members and health staff. Health Promot J Aust. 2010;21(1):45-50.

22. Eades D. They don't speak an Aboriginal language, or do they? In: Keen I, editor. Being black : Aboriginal cultures in 'settled' Australia. Canberra: Aboriginal Studies Press for the Institute of Aboriginal and Torres Strait Islander Studies; 1994.

23. Thompson C. Are your friends making you fat? The New York Times. 2009 13 September 2009.

24. Wilson S. Research is ceremony: Indigenous research methods. 1st ed. Toronto: Fernwood Publishing; 2009.

Appendices

Appendix 1: Organisations who attended *GSTF* Workshops

Aboriginal Health NCAHS	Galambila
Aboriginal Maternal & Infant Health Strategy (AMIHS)	Galambila AMIHS
Alternative Birthing Project, Ballina Hospital	Grafton Base Hospital
Biripi AMS	HomeStart Kempsey
Brighter Futures Kempsey	Housing NSW Port Macquarie
Brighter Futures Mission Australia	Kemspey District Hospital
Brighter Futures Tweed	Kempsey Maternity
Bugalwena	Lismore Base Hospital – Women's Care
Bullinah Aboriginal Health Service	Lismore & District Women's Health Centre
Centacare Port Macquarie	Macksville Health Campus
Child & Family Health Goonellabah	Maclean Community Health
Child & Family Health Nurse – New Directions	Many Rivers Alliance
Coffs Aboriginal Family Community Care Centre	Maternity – Manning Hospital
Coffs Education Campus	MiiMi Mother's A.C.
Coffs Harbour Health Campus	Nambucca/Bellingen Family Support Service
Coffs Harbour High School	North Coast Area Health Service (NCAHS)
Community Health Grafton	NSW Department of Education & Training
Community Health Kempsey	Perinatal Mental Health HNEAHS
Community Health Maclean	Pop. Health Planning & Performance Dir. NCAHS
Community Health Murwillumbah	Port Macquarie Base Hospital
Community Health Port Macquarie	Primary Health Practice Nurse
Community Health Taree	Purfleet Land Council
Community Programs	Schools as Community Centres, Kempsey
Community Services	St Clares High School
Dental – Goonellabah	TAFE Coffs Harbour
Department of Community Services	Tobwabba AMS
Department of Human Services	Tweed Hospital
Dharah Gibinj Aboriginal Medical Service	Uniting Care Burnside Port Macquarie
Casino	Urunga Neighbourhood Centre
Drugs in Pregnancy Kempsey	Warrina Women's Refuge
Durri AMS Kempsey	YP Space Kempsey
Family Support Service Kempsey	

Appendix 2: Give smokes the flick: Using this resource

Give smokes the flick ... it really makes 'cents' !
USING THIS RESOURCE

CHECK THAT YOU HAVE

1. A FLIPCHART

2. 3 sets of play money linked in bundles of:
   - $91
   - $364
   - $4,745

3. 3 Sets of coloured edged cards
   - **17 BLACK** edged picture cards = $91
   - **11 YELLOW** edged picture cards = $364
   - **22 RED** edged picture cards = $4,745

4. Samples of Nicotine Replacement Therapy (NRT)
   - Patches
   - Lozenge
   - Gum
   - Inhaler

5. Copy of 'Bernards Choice' DVD

GIVE SMOKES THE FLICK ...IT REALLY MAKES 'CENTS'! – HEALTH PROMOTION – NORTH COAST AREA HEALTH SERVICE

WHAT IS THIS RESOURCE ABOUT?

This interactive flipchart is to help you chat or yarn to a smoker about how much they could save if they gave up:

- 1 packet of cigarettes every day for 1 week ($91).
- 7 packets every week for 1 month ($364).
- 1 packet of cigarettes per day for 1 year ($4,745).

It can also be used as a chatting or yarning tool to explain the various types of Nicotine Replacement Therapy (NRT) available and how they are used.

The resource has 2 sections:

SECTION 1	Looks at how much a smoker could save if they gave up or cut back on the smokes. This section is very interactive and it is the section where you use the play money and picture cards. Clients can hold the money and get a feel for how much they could save if they gave up or cut back on the smokes. The picture cards allow the smoker to choose some of the things they could buy if they gave up the smokes.
SECTION 2	Explains who a smoker can talk to if they want to give up the smokes. It has pictures of Nicotine Replacement Therapy (NRT) and explains approximately how much each type of NRT costs and how much it would cost on a weekly basis. The actual NRT samples are used during this section. Clients can hold and have a close up look at the different NRT available.

BEFORE YOU USE THIS RESOURCE

We suggest that you:

- Have a **Look** at the resource and get to know it. Know how each page works and what money set, picture cards or NRT resources are needed to support the information being provided.
- **Watch** the DVD "*Bernard's Choice*". This DVD will show you how a Health worker uses a resource as a chatting or yarning tool.
- **Practice** using the resource so that you know what to do and when to do it.

REMEMBER

When having a yarn about the resource:

- Always say '**approximately**' when referring to the amount of money as cigarette prices continually change.
- Make sure clients **hold** the money – holding the money has a much stronger effect than just looking at the money.
- Give the clients the picture cards and make sure they **always** select what they want to buy. Pictures and choices will differ with each client and that's OK.

NOW that you feel confident, have a go at using the resource the next time you are with someone who is nicotine dependent and help them to think about having a quit attempt.

USING THE RESOURCE WITH SOMEONE WHO IS NICOTINE DEPENDANT

STEP 1:	
	To introduce the flipchart to a client, use ideas from the Bernard's choice DVD, make up your own or say something like. • *"Have you ever thought about how much you or someone you know spends on cigarettes"?* Show the client the flipchart and ask them if they have ever seen the resource before. Explain what the flipchart is about and go to STEP 2.
STEP 2:	
	Go through each page from 1 to 6.
Page 1 & 2	Explain that we all know someone who smokes and that smoking costs heaps.
Page 3	Talk about how much a packet of smokes are approximately $13.00. Talk about how much you would save if you gave up 1 pack each week ($13). • 'If you quit smoking just on a Wednesday, you would save $13'.
Page 4	• *'If you gave up 7 packets a week you would save $91.0.0*
Page 5 & 6	Explain that if you gave up 1 packet a week you would have an extra $13.00 to spend on 'stuff'. You could buy more food for breakfast, lunch or dinner. You can talk about some of the things you can buy for $13 that you can see on page 6. You could ask them: • *'What else could you buy for $13?'*
Page 7	Explain that if they gave up 1 pack a day for 1 week, they would have an extra $91 to spend. Hand them the ring of money that equals $91.
Page 8	Give the client the black edged cards and they can go through and select 3 items that they would like to buy with their $91. Get them to stick their picture card choices on the Velcro. You could then show them what your choice would be.
Page 9	Explain that if they gave up 1 pack a day for 1 month, they would have an extra $364.00 to spend. Hand them the ring of money that equals $364.00.
Page 10	Give the client the yellow edged cards and they can go through and select 3 items that they would like to buy with their 364.00. Get them to stick their picture card choices on the Velcro. You could then show them what your choice would be.
Page 11 & 12	Explain that if they gave up 1 pack a day for 1 year, they would have an extra $4,745.00 to spend. Hand them the ring of money that equals $4,745.00.
Page 14	Give the client the red edged cards and they can go through and select 3 items that they would like to buy with their $4,745.00. Get them to stick their picture card choices on the Velcro. You could then show them what your choice would be.
Page 15	If they say to you: "I only smoke packets of 10' or, 'I roll my own', or 'I only smoke 5 cigarettes a day', then you can use the chart on page 15 to show how much what they do smoke costs them weekly, monthly and yearly.
Page 16	Includes some suggestions of people they can talk to and get support from to give up or cut back on the smokes.
STEP 3	
Page 17	Shows Pictures of NRT. Use the NRT samples when you get to this page to show clients and let them hold the samples.
Page 18	Shows the clients how much NRT would cost them (approximately).
	Ask the client if they would like anymore information.


NOTES

Appendix 3: Clients Survey

Give Smokes the Flick Survey (Client)

Thankyou for taking part in the evaluation of the pilot of our Give Smokes the Flick resources,

1. Have you seen this (show them the "Give Smokes the Flick it Really Makes Cents" resource?)

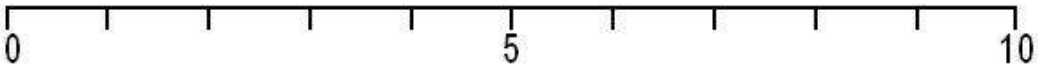
☐ Yes ☐ No

2. Did a health/community worker work through the "Give Smokes the Flick it Really Makes Cents" resource with you?

☐ Yes ☐ No

Ask if it was in a group or one on one situation, can you tell me a little more about the presentation

3. How culturally appropriate to Aboriginal people do you think the "Gives Smokes the Flick it Really makes Cents" resource is?
Can you rate it on a scale of 0-10, 0 being not at all culturally appropriate and 10 being extremely culturally appropriate.



Not at all culturally appropriate Extremely culturally appropriate

4. If you have any suggestions to improve the resource, please present them here:

.....

5. Did you get anything to take home relating to the resource e.g. Play money, photocopies, pamphlets etc?

.....

6. Have you talked about this resource with anyone else?

☐ Yes ☐ No

If yes who with? What did you talk about?

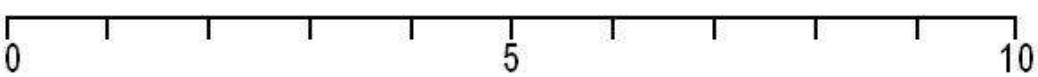
.....

.....

7. Have you been given a Happy Healthy Mums and Bubs booklet? (show them the resource)

☐ Yes ☐ No

8. How culturally appropriate do you think the "Happy Health Mums and Bubs" resource is?
Can you rate it on a scale of 0-10, 0 being not at all culturally appropriate and 10 being extremely culturally appropriate.



Not at all culturally appropriate Extremely culturally appropriate

Please Turn Over

9. If you have any suggestions to improve the resource, please present them here:

.....

These are questions regarding your smoking habits

10. What is your current smoking status?

noke Daily — ed smoking, but never smoked ularly

noke Occasionally — never smoked

n't smoke now but used to

11. Have you quit smoking since seeing our resources? ☐ Yes ☐ No (*Jump to question 17)*

11a. If yes - What was your quit date? ……

12. Have you smoked at all since you have quit?

Not a puff | 1 to 5 cigarettes | More than 5 cigarettes

13. What method did you use to quit?

Cold turkey	Champix	Zyban	Nicotine Replacement Therapy (patches, gum, lozenges
er (please state)			

14. Are you smoking less since seeing the resources? ☐ Yes ☐ No

14a. Did the resources impact on your decision? If yes how?

.....

.....

14b. If you are smoking less how did you do this?

Cutting down turkey	Champix	Zyban	Nicotine Replacement Therapy (patches, gum, lozenges
er (please state)			

14c. How much have you reduced your smoking by?

.....

.....

15. Can you see yourself quitting or cutting down smoking in the near future?

No	I have quit since my relapse and am not currently smoking
Yes within next 30 days	Yes, within next 90 days, but not in the next 30 days

15a. If you answered yes in next 30 or 90 days, please answer next question
What method of quitting do you intend to use in your planned quit attempt?

Cold turkey	Champix	Zyban	Nicotine Replacement Therapy (patches, gum, lozenges
er (please state)			

Why?

Any other comments?

.....

.....

Thank you for completing this interview.

Appendix 4: Workers Interview

Health Workers Interview (6 months post training)

Interviewer:…… Date:…… Time: ……..

Participants Name: …… Phone Number: ……..

Now that you've read the information sheet are you happy to take part in the evaluation for the Give Smokes the Flick resources?
Yes ☐ No ☐ if no thank them for their time

Give Smokes the Flick it Really Makes Cents Resource

Ask them to describe a typical session where they use the resource with a client.

1. How often have you used this resource with clients?
- What were the clients' reactions to this resource? (How have different types of clients reacted to the resource?)

……

2. How effective has this resource been?

……

3. How culturally appropriate was this resource when used with Aboriginal clients?

……

4. How confident do you feel to use this resource? What areas do you feel less confident about?

……

5. Have you any suggestions on how to improve this resource?

……

Happy Healthy Mums and Bubs resource

6. How culturally appropriate was this resource when used with Aboriginal clients?

……

7. What impact, if any, did the focus on tobacco and babies' health have on women's smoking habits during and after pregnancy?

……

8. What impact, if any, did the focus on tobacco and babies' health have on the women's environment in terms of household and car ETS exposure?

……

9. How effective has this resource been?

……

10. Have you got any suggestions on how the resource can be improved?

11. Have you used this resource on any other populations besides Aboriginal pregnant women who smoke and their families?

Nicotine Replacement Therapy

12. Have you shown any clients the Health Smart Nicotine Replacement Therapy DVD?

13. How culturally appropriate was this resource when used with Aboriginal clients?

14. What effect, if any, did the DVD have on your clients' willingness to use NRT or think about using it in the future? *(ask specifically about willingness to use NRT)*

15. What effect, if any, did the DVD have on your willingness to use NRT or think about using it in the future? *(ask specifically about willingness to use NRT)*

16. What effect, if any, do you think having the NRT product sampling had on your clients'? *(re using NRT)*

17. What effect, if any, has the inclusion of NRT product sampling had on you? *(directed at worker)*

18. Have you any suggestions for improving this resource?

Bernard's Choice

19. How has the DVD Bernard's Choice affected your practice?

20. Have these resources had any impact on your smoking habits?
Yes ☐ No ☐
If yes which ones and how?

21. What is your current smoking status?
ıoke Daily ed, but never smoked regularly
ıoke Occassionally never smoked
n't smoke now but used to

22. Have you quit smoking since seeing our resources? ☐ Yes ☐ No (*Jump to Q28)*
If yes - What was your quit date? ……

23. Have you smoked at all since you have quit?
Not a puff 1 to 5 cigarettes More than 5 cigarettes

24. What method did you use to quit?

Cold turkey	Champix	Zyban	Nicotine Replacement Therapy (patches, gum, nges etc.)
er (please state)			

25. Are you smoking less since seeing the resources? ☐ Yes ☐ No

If yes, have you used any of the following to help you reduce?

Cold turkey	Champix	Zyban	Nicotine Replacement Therapy (patches, gum, nges etc.)
er (please state)			

26. How much have you reduced your smoking by?

.....

27. Can you see yourself quitting smoking in the near future?

No	I have quit since my relapse and am not currently smoking
Yes within next 30 days	Yes, within next 90 days, but not in the next 30 days

28. If you answered yes in next 30 or 90 days, please answer next question

What method would you use for quitting in your next quit attempt

Cold turkey	Champix	Zyban	Nicotine Replacement Therapy (patches, gum, nges etc.)
er (please state)			

Prompt: why?

29. Have you reproduced any of the resources and used it in your practice e.g. making A3 version, making more play money etc? yes no. If yes what have you done?

.....

30. Any other comments?

.....

Thank you for your time in doing this interview

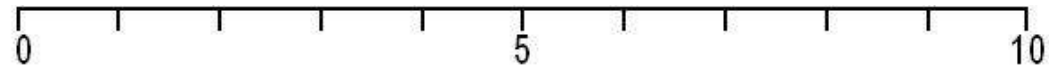
Appendix 5: Workers Survey Training

Workers Questionnaire

1. Which training did you attend?

Goonellabah ☐ Coffs Harbour ☐ Kempsey ☐

2. On a scale of 1-5 how effective do you think the training was:



Not effective at all Extremely effective

Evaluation of Training Components

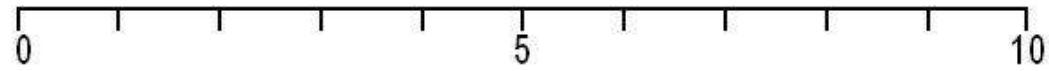
3. On a scale of 0-10 how would you rate the following components' effectiveness:

0 = Not effective at all through to 10 = Extremely effective (please tick appropriate box)

	0	1	2	3	4	5	6	7	8	9	10
Project Background											
Give Smokes the Flick It Really Makes Cents											
Happy Health Mums and Bubs Resource											
Health Smart Nicotine Replacement Therapy DVD											
NRT Information											
Bernard's Choice DVD											
Demonstration of the Resource											

Give Smokes the Flick it Really Makes Cents

4. On a scale 0-10 how confident do you feel to deliver the Give Smokes the Flick it Really Makes Cents resource? (please circle)



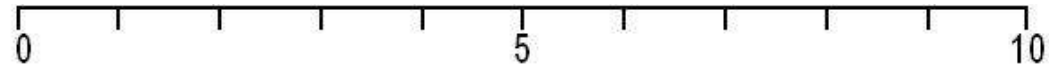
Not confident at all Extremely confident

4a. What makes you feel confident/not confident to deliver the resource?

.....

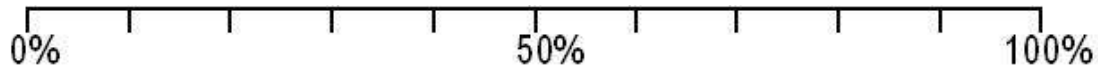
.....

5. On a scale of 0-10 how effective do you think the Give Smokes the Flick it Really Makes Cents resource will be? (please circle)



Not effective at all Extremely effective

6. What proportion of your smoking clients have you used it with since the training? (please circle)

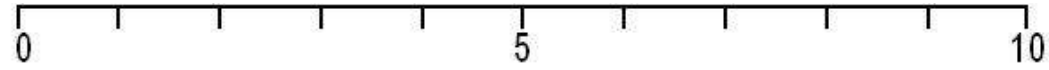


7. Have you used this resource with clients other than Aboriginal Pregnant Women who smoke?

Yes ☐ No ☐

If yes what sorts of clients have you used it with? …….

8. On a scale of 0-10 what was the smoking clients' reaction to the resource (please circle)



Very unresponsive & closed Indifferent Very responsive & open

9. How can the Give Smokes the Flick it Really Makes Cents resource be improved?

.....

.....

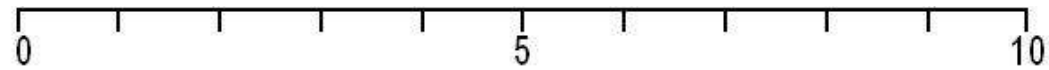
10. How could the demonstration on how to use the Give Smokes the Flick it Really Makes Cents resource be improved?

.....

.....

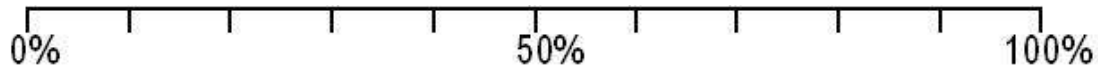
Happy Healthy Mums and Bubs resource

11. On a scale of 0-10 how effective do you think the Happy Healthy Mums and Bubs resource will be? (please circle)



Not effective at all Extremely effective

12. What proportion of your smoking clients have you used it with since the training? (please circle)



13. Have you used this resource with clients other than Aboriginal Pregnant Women who smoke?

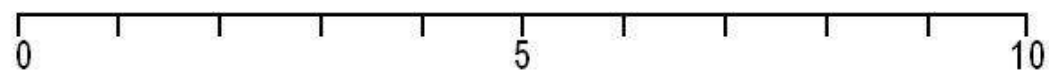
Yes ☐ No ☐

If yes what sorts of clients have you used it with? …….

.....

.....

14. On a scale of 0-10 what was the smoking clients' reaction to the resource (please circle)



Very unresponsive & closed Indifferent Very responsive & open

15. How can the Happy Healthy Mums and Bubs resource be improved?

Nicotine Replacement Therapy (NRT)

16. Do you think the inclusion of NRT product sampling will increase clients' chances of using NRT and/or quitting?

Yes ☐ No ☐

Why?

17. Do you think the inclusion of NRT product sampling will increase your chances of using NRT and/or quitting?

Yes ☐ No ☐

Why?

18. Have you any suggestions re the NRT section of the training?

And Finally

19. Did these resources have any impact on your smoking habits?

20. What is your current smoking status

Smoke Daily	☐	Tried but never smoked regularly	☐
Smoke Occassionally	☐	I've never smoked	☐
Don't smoke now but used to	☐		

21. What are the three things you remember most about the training?

1.
2.
3.

22. Any other comments:

Thankyou for your time

Please return to
Denise Hughes
denise.hughes@ncahs.health.nsw.gov.au

Appendix 6: Ethics Approval *GSTF*

NORTH COAST
AREA HEALTH SERVICE
NSW HEALTH

12 March 2010

Denise Hughes
North Coast Health Promotion
NCAHS
PO Box 498
LISMORE NSW 2480

Dear Denise

RE: NCAHS HREC NO. 485N Give Smokes the Flick Evaluation

Thank you for your application to the North Coast Area Health Service (NCAHS) Human Research Ethics Committee (HREC).

Documentation received in relation to the above study was as follows:

- NEAF
- Signed funding letter to/by Vahid Saberi
- Aboriginal Impact Statement Declaration'
- Participant (Client) Information Sheet
- Participant Consent Form
- Evaluation questionnaire
- Letter of support from Ngayundi Aboriginal Health Council
- Letter of support by NCAHS Director Aboriginal Health

The above documents were reviewed by the NCAHS HREC at its meeting held on Thursday, 25 February 2010

Final ethics approval has now been granted. The study **cannot commence** until the Site Specific Assessment (SSA) has been submitted to a NCAHS RGO and governance approval granted.

The NCAHS HREC is constituted and operates in accordance with the National Health and Medical Research Council's *National Statement on Ethical Conduct in Human Research (National Statement - 2007).*

As part of this ethics approval, the following **must be provided** to the NCAHS HREC:

Amendments (including but not limited to updated protocols and Patient Information/Consent Forms) **and Reporting of Serious Adverse Events**

It is requested that updated Patient Information Consent Forms that are approved by the HREC, to be forwarded to all patients on the Trial.

Human Research Ethics Committee
Clinical Governance Unit
North Coast Area Health Service
PO Box 126, Port Macquarie NSW 2444
Tel (02) 6588 2941 Fax (02) 6588 2942
Website www.ncahs.nsw.gov.au
ABN 37 940 606 983

Researchers should immediately report anything to the Research Ethics Committee which might warrant review of ethical approval of the protocol, including;

- *Serious or unexpected adverse effects on **local** participants (reports to be de-identified);*
- *Proposed changes in the protocol or any other material given to the participants in the study must be known prior to being actioned, including patient information and consent forms; and*
- *Unforeseen events that might affect continued ethical acceptability of the project.*

Study Progress Reports

At least annually, reports from principal researchers should be submitted to the Research Ethics Committee on matters including;

- *Progress to date or outcome in the case of completed research;*
- *Maintenance and security of records;*
- *Compliance with the approved protocol;*
- *Compliance with any conditions of approval*
- *If the research project is discontinued before the expect date of completion*
- *Published abstracts/reports resulting from the research*

Upon completion of the research the HREC Completion form to be submitted to HREC

Please quote **HREC No. 485N, short and full study name** in all correspondence and ensure all documentation relating to this study is forwarded, original with twelve copies (total 13) being **doublesided and 2-hole punched,** to:

Research Ethics Officer
Human Research Ethics Committee
North Coast Area Health Service
PO Box 126
PORT MACQUARIE NSW 2444

On behalf of the NCAHS HREC I wish you all the best with your research.

If you wish to discuss any matters further, please contact me on 02 6588 2941.

Yours sincerely

V. Johnstone.

Val Johnstone
Research Ethics Officer
Human Research Ethics Committee

Human Research Ethics Committee
Clinical Governance Unit
North Coast Area Health Service
PO Box 126, Port Macquarie NSW 2444
Tel (02) 6588 2941 Fax (02) 6588 2942
Website www.ncahs.nsw.gov.au
ABN 37 940 606 983

Appendix 7: *GSTF* AH&MRC Approval

Aboriginal Health & Medical Research Council
of New South Wales

AH&MRC ETHICS COMMITTEE

18 June 2010

Ms Denise Hughes
Health Promotion Research Officer
Population Health Planning and Performance Directorate
North Coast Health Promotion
PO Box 498
LISMORE NSW 2480

Dear Ms Hughes

Give Smokes the Flick Evaluation (722/10)

The Aboriginal Health and Medical Research Council (AH&MRC) Ethics Committee has considered your application received on 12 March 2010 for ethics approval for the above project. Your emails of 24 May and 10 June containing additional information are considered to form part of the application.

The Committee agreed to approve the application, subject to the conditions below.

Standard Conditions of Approval (where applicable to the project)

1. The approval is for the period from 7 June 2010 until 30 June 2011, with extension for an additional period subject to providing a report on the research by 30 June 2011.
2. All research participants are to be provided with a relevant Participant Information Statement and Consent Form in the format provided with your application.
3. Copies of all signed participant consent forms must be retained and made available to the Ethics Committee on request. A request will only be made if there is a dispute or complaint in relation to a participant.
4. Any changes to the staffing, methodology, timeframe, or any other aspect of the research relevant to continued ethical acceptability of the project must have the prior written approval of the Ethics Committee.
5. The research must comply with:
   - the A*H&MRC Guidelines for Research in Aboriginal Health – Key Principles;*
   - the *National Statement on Ethical Conduct in Research Involving Humans* (2007); and
   - the *NSW Aboriginal Health Information Guidelines*.

Funded by NSW Health Department

Lvl 3, 66 Wentworth Avenue Surry Hills NSW 2010 : PO Box 1565 Strawberry Hills NSW 2012
Ph: +61 (02) 9212 4777: Fax:+61 (02) 9212 7211 Email: ahmrc@ahmrc.org.au
ABN 66 085 654 397: ACN 085 654 397

6. A final draft report must be provided to the AH&MRC Ethics Committee to be reviewed for compliance with ethical and cultural criteria prior to:
   - any submission for publication; and/or
   - any dissemination of the report.
7. A copy of the final published version of any publication is to be provided to the AH&MRC Ethics Committee.

Special Conditions

Nil

Please acknowledge receipt of this letter and your acceptance of the above conditions within fourteen (14 days).

We would also appreciate your agreement that the AH&MRC may, on request, obtain access to the data obtained from the research in order to assist the future development of policy and programs in Aboriginal health.

We take this opportunity to wish you well in your research.

On behalf of the AH&MRC Ethics Committee,

Yours sincerely,

Val Keed
Chairperson
AH&MRC Ethics Committee